A PHENOMENOLOGICAL STUDY OF DIALECTICAL BEHAVIOR THERAPY IN

SPECIAL EDUCATION CLASSROOMS

by

Ashley DeLuccia

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Abstract

The purpose of this transcendental phenomenological study was to describe experiences of dialectical behavior therapy for special education teachers at a large, suburban school district in the Southeast United States. The theory guiding this study was Bandura's social cognitive theory (SCT), as it explains how new behaviors are learned and acquired. The central research question was: What are special education teachers' experiences of dialectical behavior therapy at a suburban school district in the Southeast United States? This qualitative design utilizes a phenomenological method. The sample included 12 special education teachers in behavior classrooms receiving dialectical behavior therapy. The setting was a large, suburban, public school district in the Southeast United States including elementary, middle, and high schools. Data collection utilized surveys, interviews, and artifacts analyzed using epoché, phenomenological reduction, and textural/structural descriptions. Resulting themes include: a) DBT and mindfulness skills support the improvement of student behaviors, b) certain coping skills are viewed as more valuable than others, and c) teachers view the coping skills as personally beneficial and empowering. The results of this study support findings from similar studies conducted within other settings regarding DBT and mindfulness.

Keywords: special education, social-emotional learning, behavior, dialectical behavior therapy, emotional regulation

Copyright Page

Dedication

I dedicate this work to each special education teacher who repeatedly gives their heart to the students who need their love and support. The job often sees little appreciation and little benefit, so we must look for the small successes. You are changing the world with your efforts. This is no small benefit. Please remember this, and I hope this work supports your efforts.

Acknowledgments

Thank you to my kind and supportive committee chair, Dr. Swafford, for reminding me all things are in God's loving hands.

Thank you to my amazing and supportive husband and kids for their continued encouragement and love.

Thank you to my participants, who support youth mental health daily and make the world a more compassionate place.

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List of Abbreviations

Cognitive Behavior Therapy (CBT)

Dialectical Behavior Therapy (DBT)

Emotional Regulation (ER)

Mindfulness-Based Interventions (MBI)

Mindfulness-Based Therapy (MBT)

National Center for Education Statistics (NCES)

Social-Emotional Learning (SEL)

Social Cognitive Theory (SCT)

Special Education (SPED)

CHAPTER ONE: INTRODUCTION

Overview

Mental health concerns increased among children and adolescents in recent years, leading to a rise of at-risk behaviors and diagnoses of anxiety and depression (Miller et al., 2023). Schools are logical settings to address student mental health by teaching coping techniques (Gasol et al., 2022; Miller et al., 2023). Social-emotional programs such as mindfulness-based interventions (MBI) have positive effects on emotional control, attention, and behavior (Bockmann & Yu, 2023; Phan et al., 2022; Preston & Spooner-Lane, 2019; Stockall & Blackwell, 2022) but may not be effective for individuals with severe behaviors (Orr et al., 2020; Zdoupas & Laubenstein, 2022). Dialectical behavior therapy (DBT) is one evidence-based intervention that targets emotional regulation that was developed for those struggling to respond to other mental health programs (Chugani et al., 2022; Day et al., 2022; Gasol et al., 2022; Lakeman et al., 2022; Miller et al., 2020). Although the implementation of DBT in schools is not common, it shows potential for addressing the severe behaviors that some special education students experience.

This chapter introduces a phenomenological study to examine how special education teachers experience DBT in their classrooms of students with emotional dysregulation. This chapter includes background information on DBT and mindfulness in schools, the history of these interventions, and the social and theoretical context of the topic. Next, the problem and purpose statements of increased mental health concerns and the need for school supports for special populations are discussed. Finally, this chapter includes the significance of the study, research questions, and definitions of key terms.

Background

The problem being addressed in this study has a fairly short history with heavy social impacts. Mental health concerns among youth have become increasingly worse in recent years. This section discusses the history of mental health concerns including the social emotional learning (SEL) movement and the use of DBT in schools. Schools have put increased focus on the emotional wellbeing of students, and regardless, student behaviors remain a common classroom issue and impact teacher stress. The social impact of the problem and the theories included in the research on the topic are thoroughly addressed.

Historical Context

The history of DBT use in schools begins with the SEL movement in the 1990s (Miller et al., 2023). This movement provided research and responses to the trend of students struggling with behavioral challenges (Dupuis & Jacobs, 2021; Harris & McDade, 2018) such as emotional dysregulation and impulsivity (Zapolski & Smith, 2017). During this period of focus on the importance of emotions, Daniel Goleman published his theory on this topic in his book "Emotional Intelligence" in 1995. Goleman (2007) defines emotional intelligence as the ability to be aware of and control one's emotions. In this seminal work, he discusses the importance of emotional awareness and its impact on prosocial behavior. Additionally, he theorizes that by focusing on teaching emotional awareness and empathy in schools, students will be better able to manage stress, control emotions, and have positive relationships (Goleman, 2007). Emotional awareness and control and stress management are echoed in the components of DBT, suggesting that this program has the potential to address the mental health problems experienced by young people in schools.

During the SEL movement in education, DBT use was growing in the clinical setting. Marsha Linehan (1993) created DBT in the late 1970s as a cognitive behavior therapy to assist patients who were unresponsive to other therapy methods. Linehan focused on addressing emotional regulation through mindfulness. Linehan published "Cognitive Behavioral Treatment of Borderline Personality Disorder" in 1993, which discussed the dialectical concepts involved in her treatment of severe behaviors, which led to the development of DBT. Linehan's work was groundbreaking as a therapeutic approach in addressing significantly challenging behaviors. Her seminal work led to a wider application of DBT by offering potential support for individuals struggling with mental disorders and self-harming behaviors.

In 1995, pilot projects on the use of DBT in schools began (Miller et al., 2020). Researchers Rathus and Miller adapted Linehan's DBT for use among adolescents with the hopes of improving emotional regulation problems (Miller et al., 2020). Similar to Linehan's treatment for chronically suicidal individuals, DBT was first used to address youth who engaged in self-harming behaviors and has since evolved to address a range of emotional and behavioral problems (Miller et al., 2020). The pilot program of comprehensive school based DBT was effective in helping students as well as educators trained to implement DBT, and other schools desiring similar outcomes sought training (Miller et al., 2020).

It was also in the 1990s when strong links between emotions and behaviors were beginning to be understood (Farrell & Shaw, 1994). Research emerged in the field of cognitive behavior therapy that linked behavior and emotions (Linehan, 1993). For example, Farrell and Shaw (1994) proposed that emotional awareness training be essential for effective cognitive behavior treatments. Thus, the focus of DBT is to target the understanding of emotions in order to change behavior (Chapman, 2006). Mindfulness is a large aspect of DBT due to this

understanding. Mindfulness and DBT are recognized as effective cognitive behavior interventions (Bender et al., 2023; Hosan et al., 2022; Katz, Mercer, & Skinner, 2020; Linehan, 1993).

Social Context

When individuals experience emotional dysregulation, it negatively affects life experiences (Cuncic, 2023). Emotional dysregulation can lead to substance abuse, self-harming behaviors, and difficulty with relationships and functioning effectively (Cuncic, 2023). If young people are not taught how to regulate their emotions, and issues continue into adulthood, the negative impact on society increases (Cuncic, 2023). Suicide is the leading cause of death for adolescents in the U.S., and the impact on a community is great (Lindow et al., 2020; Singer et al., 2019). Students who struggle with mental health impact friends, family, school staff, and the community (Singer et al., 2019). Wide reaching impact of mental health struggles justifies improved SEL with the hopes of appropriately supporting young people and lessening the social and economic impact of mental disorders.

Not only do mental health issues lead to problem behaviors, but also the negative behaviors experienced by some youth in schools impact their mental health (Miller et al., 2023; Zapolski & Smith, 2017) causing students to require additional support to be successful. De Berardis et al. (2020) recommend mindfulness-based cognitive therapy or DBT as an early intervention for addressing emotional regulation issues that often occur during adolescence, which speaks to the effectiveness of such interventions on mental well-being. Some schools require targeted needs such as specific emotional regulation support, which led to more mindfulness-based interventions (Chugani et al., 2022; Day et al., 2022). DBT offers the need for

specific emotional regulation support, but the intervention can be difficult to adapt in a school setting (Flynn et al., 2018; Gasol et al., 2022).

Evidence-based interventions to address mental health in schools are possible when mental health professionals are brought in or when educators are trained (Miller et al., 2023). Additionally, school leaders must consider mental health service costs for supporting social-emotional programs (Miller et al., 2023). Hastings et al. (2022) discuss that DBT adaptations have been made for implementation in schools through teacher training. This study aims to gather data on DBT use in schools, which may help address the need for additional mental health support in schools.

Special education teachers are especially impacted by the problem in this study, which is a lack of mental health support in schools. As students fail to respond to social-emotional interventions, they move through the Response to Intervention pyramid of school supports and often end up being served through special education. Cormier et al. (2022) recognize the shortage of individuals desiring special education as an occupation and identify them as a group quite vulnerable to stress and burnout. The shift to online learning during the COVID-19 pandemic additionally caused increased stress. Research on special education teachers showed that they experienced anxiety, stress, and depressive disorders at much higher rates than the rest of the U.S. population (Cormier et al., 2022). Offering mental health support for teachers allows the coping strategies to be shared with a growing number of young people who require SEL support.

Theoretical Context

Addressing the problem of mental health issues and disruptive behaviors in schools has been researched for decades. Aspects of Bandura's social cognitive theory (SCT) were

incorporated into mental health interventions during the SEL movement (Ward-Ciesielski et al., 2020). Professionals and educators have been using evidence-based social-emotional interventions to address the increased need for supporting severe behaviors based on Bandura's insights (Cuncic, 2023). Seminal works such as Goleman's "Emotional Intelligence" (2007), Bandura's "Social Learning Theory" (1977), and Linehan's "Cognitive Behavioral Treatment of Borderline Personality Disorder" (1993) are some of the researchers and theories that have helped shape this study and paved the way for social-emotional interventions such as DBT in schools.

Linehan (1993) applied behavioral principles and Bandura's (1977) SCT to develop DBT. In her research on treating individuals, she encountered problems in their behavior responses (Ward-Ciesielski et al., 2020) and developed biosocial theory. In this theory, Linehan (1993) posits that emotional dysregulation occurs due to biological vulnerabilities along with an invalidating environment. Another integral aspect used in the creation of DBT is dialectics. Linehan (1993) defines dialectics as a synthesis of opposites, particularly the combination of change and acceptance. Dialectics assists individuals with finding the middle ground between polarities they may experience due to emotional dysregulation.

Recent research builds on biosocial theory, dialectics, and cognitive behavioral principles, giving insight into the effectiveness of interventions for behavior (Hawken et al., 2021). The recent guidebook from Hawken et al. (2021) on school-wide and adapted interventions contains a plethora of research on difficult student behaviors. Additionally, with the popularity of mindfulness, a substantial amount of research has been conducted on how this affects behaviors in schools, for both students and educators (Hosan et al., 2022; Katz, Mercer, & Skinner, 2020; Soler et al., 2022; Syeda & Andrews, 2021; Wright et al., 2019). This study,

which looks at DBT as a mindfulness intervention, may extend the research on the effectiveness of behavior therapies specifically for the special education population within the school setting.

Problem Statement

The problem is that emotional and behavioral issues in our schools are increasing (Dupuis & Jacobs, 2021; Gasol et al., 2022; Hastings et al., 2022; Hogberg, 2021; Mazza et al., 2016; Miller et al., 2023). Additionally, schools lack the resources to adequately address this increase in behavior problems. According to the National Center for Educational Statistics (2023), since the pandemic, 56% of school leaders have reported an increase in classroom disruptions from student misconduct and 48% reported an increase in acts of disrespect. Among key findings in the annual report by NCES, public schools reported needing more support with mental health resources for both students and staff (NCES, 2023). Educational studies also report needing additional mental health resources in our schools (Adhia et al., 2022; Chugani et al., 2022; Day et al., 2022; Flynn et al., 2018; Gasol et al., 2022; Lyon et al., 2021; Miller et al., 2023). Schools are implementing social-emotional interventions to meet the increased demand for mental health support but not all are effective for all student populations. The benefits of behavior interventions have been proven-for general education populations but using the same strategies for students with severe behaviors may not be as effective (Orr et al., 2020; Zdoupas & Laubenstein, 2022). Many universally implemented programs may not be as effective for students with problem behaviors (Orr et al., 2020). The lack of effective programs for some students is why this study focuses on DBT in special education classrooms for students with severe behaviors. Research for special education students with severe behaviors is lacking. Students with behavior disorders often require specific supports that go beyond school-wide social-emotional interventions to address their increased need for emotional regulation (Katz,

Knight, Mercer, & Skinner, 2020; Levinson et al., 2021; Martinez et al., 2022). For example, children with Autism have elevated internalizing and externalizing behaviors including anxiety, aggression, and defiance (Levinson et al., 2021) and may struggle to respond to interventions targeting less severe behaviors.

The problem with mental health concerns extends beyond students. Educators, especially special education teachers, struggle with effectively coping with dealing with extreme behaviors every day in their classroom (Cormier et al., 2022; Erickson & Gresham, 2019; Hesham Abdou Ahmed, 2023; Katz, Knight, Mercer, & Skinner, 2020; Kim et al., 2021; Preston & Spooner-Lane, 2019; Shernoff et al., 2022). Supporting others' mental health and managing severe behaviors leads to teacher burnout (Huk et al., 2019). Educators must be able to cope effectively and model coping strategies. Supporting teachers with skills for managing stress and regulating emotions can help address this problem in our schools. School-based cognitive behavioral interventions such as DBT and mindfulness could be solutions to address problem behaviors and emotional dysregulation (Adhia et al., 2022). Such social-emotional interventions begin with teachers. Solutions for improved mental health and emotional regulation for students with severe behavior need to be researched. Through an understanding of special education teachers' experiences of DBT, this phenomenon is explored.

Purpose Statement

The purpose of this transcendental phenomenological study is to describe experiences of dialectical behavior therapy for special education teachers at a large, suburban school district in the Southeast United States. At this stage in the research, dialectical behavior therapy is generally defined as a mindfulness-based therapy targeting emotional dysregulation (Carmelo, 2022; Linehan, 1993; Soler et al., 2022). The theory guiding this study is Bandura's (1977) SCT,

which informs many aspects of this study through an understanding of how individuals acquire new behaviors regarding environmental influences.

<p style="text-align: center;">**Significance of the Study**</p>

This study aims to contribute to the research regarding the use of DBT in schools, specifically for the special education population. The study seeks to shed light on how the skills are utilized in behavior classrooms and which skills are most effective, thus improving the practice of skills delivery for this needed population. In the post-COVID world where mental health struggles have become a crisis (Jackson, 2023), rates of mental health disorders in children have increased to one in six (Woolf, 2023). Depression rates are at a lifetime high and are rising the quickest among the young adult population (Jackson, 2023). Since special education students are already struggling with a disability, they are at increased risk for mental health issues (DeSerisy et al., 2023; Miller et al., 2023). This study could lead to a greater understanding of the implementation of DBT in schools for students with disabilities and potentially add to the body of research surrounding mental health resources available to youth in schools.

Theoretical

Bandura's (1977) SCT is applied in this study to how modeled behavior is acquired for the application of coping skills. The research questions for this study inquire into different aspects of SCT, including how behavior therapy such as DBT can influence behaviors in the special education classroom. For students with emotional behavior disorder, this study is especially significant. Results may confirm SCT by addressing the aspect of how someone with a behavior disability is motivated and learns through modeled skills (Bandura, 2002). According to SCT, environmental factors, including social-emotional programs implemented in the classroom,

will influence behaviors and emotions (Green et al., 2022; Levinson et al., 2021). Bandura's contribution to the prevention and treatment of aggressive behaviors supports the implementation of programs like DBT for students who have severe problem behaviors (Osher et al., 2016), and this study can support his theory and findings. This study can add to SCT by understanding how an individual develops emotional regulation tools and self-control for improved decision-making for students who have been diagnosed with a disability.

Empirical

An increased understanding of how mindfulness behavior therapy is utilized for special education students with severe behaviors can assist in SEL interventions for such populations. Through a phenomenological study of teachers' experiences, this study can add to the limited research concerning special education students with mental health issues and potentially improve SEL practices for this population. Research shows that solutions for mental health problems can be found in mindfulness and behavior therapy including DBT (Bockmann & Yu, 2023; Mochrie et al., 2019). Specifically, a systematic review by Day et al. (2022) revealed the need for DBT contributions for effective SEL for the special education population. However, due to the limited studies on DBT in schools, especially for the special education population, this study addresses the gap in the literature for such interventions (Martinez et al., 2022; Stockall & Blackwell, 2022).

Practical

The education community can benefit from an exploration of perceptions of DBT to improve the delivery of mental health supports in schools. Untreated mental health issues can be devastating for a community, whereas DBT has the potential to improve and even save lives. Students whose mental health declines will struggle with discipline, academics, family, and

friends, and are at increased risk for incarceration (Dupuis & Jacobs, 2021). Given the limits of providing mental health services in schools (expensive teacher training, focus on academics, and lack of support staff), MBIs like DBT are vital (Mazza et al., 2016). Since they are the participants in this study, special education teachers can benefit from this study by gaining information on needed skills for coping with difficult situations and better handling stress (Yang et al., 2022; Zieher & Armstrong, 2022), which may assist with teacher attrition (Huk et al., 2019). SEL interventions such as DBT can benefit the school community as a whole.

Research Questions

The purpose of this transcendental phenomenological study is to describe experiences of dialectical behavior therapy for special education teachers at a large, suburban school district in the Southeast United States. The research questions were derived from the theoretical framework by looking at how individuals learn and perceive new behaviors. The use of DBT skills for special education behavior classrooms is studied with the following research questions.

Central Research Question

What are the lived experiences of special education teachers with dialectical behavior therapy at a suburban school district in the Southeast United States?

Sub-Question One

How do special education teachers perceive that DBT influences student behavior?

Sub-Question Two

What are the DBT skills that special education teachers perceive as most critical in their classrooms?

Sub-Question Three

How do special education teachers perceive their well-being after personally implementing DBT skills?

Definitions

1. *Behavior therapy* – Treatment of a mental condition using techniques from cognitive behavior principles (Carmelo, 2022; Linehan, 1993)

2. *DBT* - A structured treatment based on cognitive-behavioral principles, integrating mindfulness and dialectical-based strategies (Linehan, 1993; Soler et al., 2022).

3. *Dialectics* - A synthesis between change and acceptance; the foundation of dialectical philosophy characterized: (1) interrelatedness, (2) polarity, and (3) continuous change (Linehan, 1993; Ward-Ciesielski et al., 2020).

4. *Emotional regulation* – a process in which individuals recognize emotions and properly manage them; closely related to one's thoughts following a negative situation; strategies may be adaptive or maladaptive (Georgiou et al., 2021kab).

5. *Mental health* - Meaningful living, the establishment of significant relationships and self-management strategies (Soler et al., 2022).

6. *Mindfulness* - The awareness of paying attention on purpose, in the present moment, and nonjudgmentally (Jennings et al., 2019; Kabat-Zinn, 2003).

Summary

This chapter provides background information on the topic of DBT, a mindfulness-based behavior therapy. The problem of increasing mental health issues is experienced by both students and teachers. Student problem behaviors in schools and special education teacher attrition is discussed, and the use of social-emotional interventions, especially mindfulness-based interventions have been used to address these issues. The purpose of this study is to describe

experiences of DBT for special education teachers in their behavior classrooms. How these teachers perceive the use of the intervention and its effects on students' emotional regulation adds to the research on the use of DBT in schools for specific populations. Having mental health professionals in schools or training educators to use such interventions equips young people with coping tools that allow them to contribute to society. Seminal works and theories contributing to the development of DBT are highlighted and guide the research questions and significance of the study.

CHAPTER TWO: LITERATURE REVIEW

Overview

A systematic review of the literature explores the use of dialectical behavior therapy and mindfulness as social-emotional interventions in schools. This chapter offers a review of the research on this topic to improve the practice of teaching coping strategies. Albert Bandura's (1977) SCT and its relevance to SEL in schools are discussed in the first section, followed by a review of recent literature on DBT implementation and mindfulness-based interventions (MBIs). Literature focuses on behavior therapy for special education students and teachers. Finally, the need for the current study is addressed by identifying a gap in the literature regarding special education teachers' perceptions of DBT skills to improve student behaviors and the ability to cope with stress.

Theoretical Framework

The concepts and theories inherent in DBT and other mindfulness-based interventions connect with the overarching SCT developed by Bandura (1977). Bandura developed his work on human learning and cognitive development, leading to the creation of SCT, a comprehensive theory that explains how one learns through motivation and modeling with key components of self-efficacy and self-regulation (Bandura, 2002; Green et al., 2022). Bandura (1977) theorized that one's behaviors are influenced by observing others. According to SCT, students imitate what they observe, which includes both positive and negative behaviors (Bandura, 1977). SCT assists in the understanding of environmental effects on one's ability to control behaviors and emotions (Green et al., 2022). Through the lens of this study, Bandura's (1977) insights offer an understanding of how teachers manage difficult student behaviors.

Included in SCT is the duality of agencies that contribute to human development, which is the basis of the dialectics included in DBT (Bandura, 2002). Parallels to SCT are also found in biosocial theory, which DBT creator, Marsha Linehan (1993), developed. Biosocial theory explains how an individual's biology and environment can lead to emotional dysregulation (DeSerisy et al., 2023). For example, if a child with a biological predisposition to emotional vulnerability is placed in an invalidating environment, he or she would not learn the needed skills to regulate emotions (Miller et al., 2023). Biosocial theory takes SCT a step further, pulling in a biological component to society's effect on one's behavior.

Similar to biosocial theory, SCT encompasses the many factors that influence an individual's behaviors and choices including one's environment. Bandura's (2002) outlook on society's negative influence reflects the intense need for mental health resources for today's youth. Bandura wrote about his philosophy of how negative behaviors and moral disengagement was shaping society for the worse (Green et al., 2022). In Bandura's (2002) article titled "Selective Moral Disengagement in the Exercise of Moral Agency," he explains that humans have the power to refrain from inhumane actions as well as the power to behave humanely. Bandura (2002) offers that society influences personal morality by possessing ambitious standards, having moral actions, and compassionate behavior.

SCT played a heavy role in the SEL movement, which grew dramatically in the 1990s (Osher et al., 2016). Some SEL programs are focused on specific student behaviors, and more recently, some involve a whole school approach (Osher et al., 2016). SCT is applied to instructional strategies for managing behavior through SEL. Bandura's contribution to the prevention and treatment of aggressive behaviors supported the development of schoolwide approaches to teaching self-regulation strategies (Osher et al., 2016).

Through his study of childhood development and self-regulation, Bandura's (1977) theory changed how behavior was perceived. A clearer understanding of how behavior is acquired contributed to the development of interventions in schools (Osher et al., 2016). SEL interventions have been studied through the lens of SCT (Huk et al., 2019; Martinez et al., 2022; Ratnaweera et al., 202; Scott et al., 2022). For example, in a study on DBT in schools using a self-efficacy assessment found that the components of DBT are aligned with Bandura's findings on social-emotional development as well as the aspects of SCT (Martinez et al., 2022). Elements of SCT are also found in research studying teacher burnout, relating self-efficacy to resilience in the education field (Huk et al., 2019) and in understanding caregivers' perceptions of adolescents using DBT in a clinical setting (Ratnaweera et al., 2021). The theoretical framework is also applied in research on special education teacher persistence despite student behavior challenges (Scott et al., 2022).

By researching how teachers perceive mindfulness as a behavior therapy and how their students acquire new behavior skills, this study adds to SCT by seeking to improve methods that students use to manage emotional regulation and develop interpersonal skills. Additionally, having a SEL intervention that targets student problem behaviors may influence teacher perceptions and assist persistence within special education. Teachers perceive that DBT is a supportive SEL with potential to improve problem behavior, which reflects Bandura's constructs of self-efficacy and outcome expectancy (Shell, 2023). SCT shapes this study through the development of the research and interview questions, targeting how new behaviors and coping skills are acquired. This study adds valuable information to the theory through an understanding of how special education teachers experience a specific social-emotional intervention that assists with the acquisition of new, effective coping strategies and behaviors.

Related Literature

The purpose of this literature review is to gain a better understanding of how DBT is implemented in schools and how mindfulness, which is the core tenet of DBT, affects student behaviors (Eeles & Walker, 2022; Mazza et al., 2016). This review of current literature shares research on the efficacy of DBT and mindfulness for mental health and discusses implementation and adaptations for different populations. Behavior therapies are compared, key concepts involved in the programs are shared, and DBT use in schools is discussed. Finally, methodological considerations and challenges to implementation are addressed. Research on the use of DBT and mindfulness-based interventions in schools revealed themes of the need for increased mental health resources and limited knowledge of these interventions within schools.

Efficacy of DBT and Mindfulness for Mental Health

Despite the widespread use of social emotional interventions in schools, student problem behaviors have continued to increase. Emotional and behavioral problems in young people escalated dramatically due to the effects of the COVID-19 pandemic (Klosky et al., 2022). Statistics from the National Center for Educational Statistics (2023) report large increases in student misconduct since schools have reopened. With rising numbers of students who struggle with stress, anxiety, and problem behaviors, schools have attempted to meet the need for providing not just academic support but also social and emotional support in new ways (Gasol et al., 2022; Hastings et al., 2022).

One popular method of addressing student stressors, especially since the COVID-19 pandemic, is mindfulness. Mindfulness has become a popular social-emotional intervention (Kim et al., 2021; Zieher & Armstrong, 2022) and is closely connected to DBT. Brown (2019) writes that mindfulness has been in use in schools since the 1970s, and Gidney (2020) shares that

despite the recent surge in popularity as an intervention, little is known about the history of mindfulness. Although it has been around for thousands of years, it has only recently been introduced in schools (Gidney, 2020). In "The Mindful School: Transforming School Culture Through Mindfulness and Compassion," authors Jennings et al. (2019) share case studies on the transformative benefits of incorporating mindful practices in the school setting including increased academics, teacher effectiveness, and overall improved social-emotional skills. Outside of education, in 1979, Jon Kabat-Zinn created Mindfulness-Based Stress Reduction, which emerged in the world of mental health in the 1990s.

Even though research regarding DBT in schools is limited and inconclusive (Day et al., 2022; DeSerisy et al., 2023; Justo et al., 2018; Martinez et al., 2022; Rosendahl-Santillo et al., 2021), it offers promising results of improved mental health for a few reasons. First, it is based on mindfulness, and multiple studies have shown positive benefits of such interventions in schools (Berti & Cigala, 2022; Bockmann & Yu, 2023; Georgiou et al., 2021; Hosan et al., 2022; Jones & Lee, 2022; Phan et al., 2022; Preston & Spooner-Lane, 2019; Razza et al., 2020; Stockall & Blackwell, 2022). Second, DBT was developed to improve behaviors for individuals who were not responding to other interventions (DeSerisy et al., 2023; Flynn et al., 2018; Martinez et al., 2022; Neacsiu et al., 2010) which supports the SEL goals of many schools. Additionally, studies reveal that special education students often struggle more with mental health and emotional regulation than their typical peers, yet most of the research on cognitive behavior therapy has been conducted in clinical settings and not in schools (DeSerisy et al., 2023; Doorn et al., 2020; Martinez et al., 2022; Pardo et al., 2020; Pearson et al., 2021; Poon et al., 2022; Rosendahl-Santillo et al., 2021). The literature is clear about the impact DBT can have on emotional regulation, mental health, and overall problem behaviors, which is why it is

implemented in schools for at-risk students (Georgiou et al., 2021; Mazza et al., 2016; Miller et al., 2023; Neacsiu et al., 2010; Zapolski & Smith, 2017).

The need for social-emotional and mental health programs in schools is a recurring theme in the literature (Bisal et al., 2022; Chugani et al., 2022; Day et al., 2022; Flynn et al., 2018; Gasol et al., 2022; Lyon et al., 2021; Miller et al., 2023; Singer et al., 2019). Additional studies echo the increase in mental health problems within schools (Amudhan et al., 2021; Hogberg, 2021; Lever et al., 2023; Marsh & Mathur, 2020; O'Farrell et al., 2023). Consequently, schools are poised to play a critical role in providing essential mental health support to young people (Miller et al., 2023). One promising approach to accomplish mental health support in schools is with the implementation of mindfulness-based interventions like DBT, which provide potential improvement in mental health for adolescents (Chugani et al., 2022; Day et al., 2022; Gasol et al., 2022; Lakeman et al., 2022; Miller et al., 2020).

Research on DBT has established its efficacy for addressing variety of mental health problems (Dixon & Linardon, 2020), and it can also serve as a for preventive mental health measure (Budak & Kocabaş, 2019). Studies have shown overall efficacy of DBT as an intervention to improve mental health for school-age youth (Bedics, 2020; Chugani et al., 2022; Miller et al., 2023; Zapolski & Smith, 2017), though some studies outside of schools reveal inconclusive findings (Chen et al., 2021; Harvey et al., 2019; Rosendahl-Santillo et al., 2021).

Contributions to increased mental health problems for students include common school stressors, the COVID-19 pandemic, and economic change (Hogberg, 2021). Lever et al. (2023) share research that before the COVID-19 pandemic even though 1 in 6 students experienced mental health difficulties, only about half of those students received mental health support. According to Hogberg (2021), studies report declining mental health for adolescents including

depression and anxiety, which coincides with increased stress from school due to expanding

economies and pressure to excel in school and attend higher education institutes. Consequently,

research on DBT and mindfulness has surged in the last fifteen years (Harvey et al., 2019;

Saunders & Kober, 2020).

Anxiety and Depression

Due to the increase in mental health issues among children and adolescents in recent

years, an increase in at-risk behaviors and additional diagnoses of anxiety, depression, and

suicidal ideation has occurred (Miller et al., 2023). The positive effects of behavior therapy and

mindfulness on students with anxiety were common and repeated within the literature

(Malivoire, 2020; Noroozi & Mohebbi-Dehnavi, 2022; Stockall & Blackwell, 2022; Syeda &

Andrews, 2021). Anxiety is a common cause of other mental health issues and is therefore

researched frequently (Malivoire, 2020; Mannion et al., 2022; Stockall & Blackwell, 2022;

Syeda & Andrews, 2021; Üstündağ-Budak et al., 2019; Wright et al., 2019). Depression is

another reoccurring theme in the literature, which DBT and mindfulness-based interventions may

address (Cook & Gorraiz, 2016; Erickson & Gresham, 2019; Miller et al., 2023; Mochrie et al.,

2019; Wright et al., 2019).

Research shows that young people are struggling with symptoms of anxiety and

depression at twice the pre-pandemic rates (Lever et al., 2023). Similarly, surprising research by

Davidson et al. (2022) states that depression is currently the leading cause of disability

worldwide according to the World Health Organization. Some studies focused on improving

anxiety and depression using DBT and mindfulness with positive results (Day et al., 2022; Doorn

et al., 2020; John Lothes et al., 2021; Malivoire, 2020; Mochrie et al., 2019; Noroozi &

Mohebbi-Dehnavi, 2022; Phan et al., 2022; Poon et al., 2022). For example, a study by Syeda

and Andrews (2021) focused on mindfulness-based cognitive therapy for at risk students with anxiety and found a correlation between program implementation and a decline in symptoms. Similarly, another study using DBT with college students found improvement in depression, anxiety, and stress (Üstündağ-Budak et al., 2019). Other research showed an increased sense of well-being (Doorn et al., 2020; Mochrie et al., 2019; Pearson et al., 2021) or improved depression to levels similar to healthy peers (Poon et al., 2022). Clearly, anxiety and depression have become serious mental health problems and are creating a lasting social impact as the burden of these diagnoses often leads to harmful behaviors such as self-harming and suicide.

Self-harm and Suicidal Ideation

DBT was originally created to address self-harm and suicidal ideation (Linehan, 1993), and DBT has shown to be effective in reducing these behaviors (Harvey et al., 2019). In addition to anxiety, depression, and emotional dysregulation, self-harming behaviors are also a repeated theme among the literature. Gasol et al. (2022) and Miller et al. (2023) share dangerous consequences of emotional dysregulation including self-harm and suicidal behaviors. Suicidal ideation and attempts were 1.45 times higher during the pandemic for adolescents (Lever et al., 2023), and they continue to exhibit mental health symptoms. Such statistics reinforce the need for specific and targeted mental health support for young people, which schools are attempting to meet. For example, some teachers and administrators are recognizing the priority of mental and emotional health for students, and this need must be addressed before effective learning can occur (Moon et al., 2017, as cited in Marsh & Mathur, 2020).

Research by Chen et al. (2021) shows that DBT is effective at reducing self-harming behaviors as well as improving depression. The same study, however, did not find DBT significantly effective for reducing suicidal ideation and anger for individuals with borderline

personality disorder. A study by Rosendahl-Santillo et al. (2021) looked at DBT for cognitively challenged individuals who engaged in self-harming behaviors and utilized a modified version of DBT taught over 48 sessions. Results from Rosendahl-Santillo et al.'s (2021) study showed fewer self-harming behaviors among participants and determined that DBT is a potential treatment for the cognitively challenged population (Rosendahl-Santillo et al., 2021).

With the consistent rise in mental health concerns and at-risk behaviors in schools, the use of DBT has likewise exponentially risen in use and popularity for research. Unfortunately, suicide rates among adolescents have increased as well, highlighting the urgent need for suicide awareness, prevention, and treatment (Singer et al., 2019). Singer et al. (2019) discuss the traumatic impact suicide has on students, school staff, and the community. Harvey et al. (2019) attribute the interest in DBT research to the need for suicide prevention and treatment for individuals who are at greater risk for self-harm and at-risk behaviors. Such behaviors usually appear during adolescence and persist if left untreated (Gasol et al., 2022; Harvey et al., 2019). The figure below demonstrates the increase in DBT research as shared in research by Harvey et al. (2019).

Figure 1

Frequency of Scholarly Publications on DBT
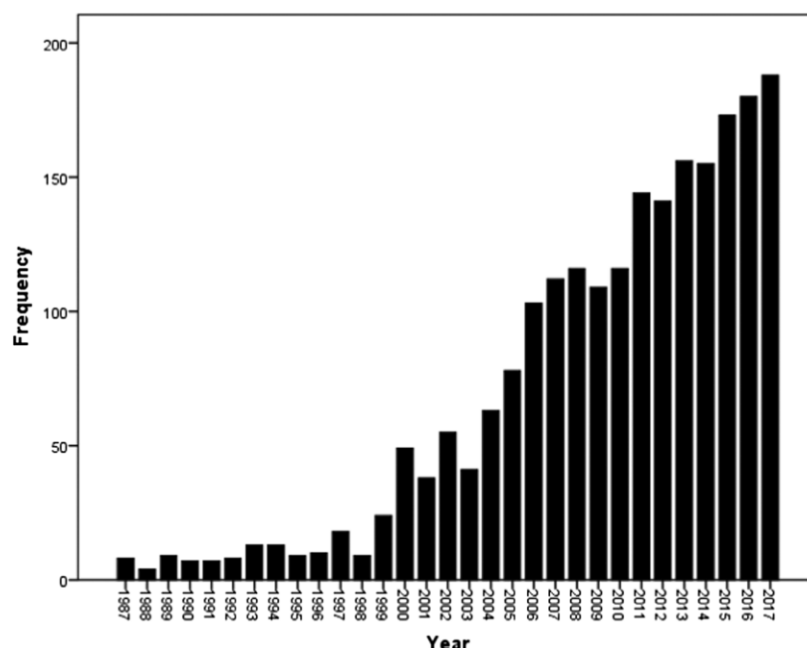
Research that leads to solving the severe societal problems of suicide and self-harm is essential to this study as mental health concerns worsen.

At-risk Students

Universal mental health interventions in schools often focus on preventing anxiety and depression, but this focus on prevention does not address the broad range of issues students are experiencing (Flynn et al., 2018). Adolescents grapple with a wide range of challenges daily, so efforts must be made to support students with managing emotions and relationships as well as building resiliency (Flynn et al., 2018). Several studies focused on improving at-risk behaviors for students which include lack of mental health resources, racial inequalities, learning difficulties, residential placements or hospitalizations, sexuality, or problem behaviors (Chugani et al., 2022; DeSerisy et al., 2023; Doorn et al., 2020; Jones & Lee, 2022; Martinez et al., 2022;

Pardo et al., 2020; Poon et al., 2022; Preston & Spooner-Lane, 2019; Shernoff et al., 2022; Yang et al., 2022).

Studies show DBT can address mental health concerns among at-risk students (Chugani et al., 2022; Martinez et al., 2022; Shernoff et al., 2022). Research by Chugani et al. (2022) studied the impact of DBT for high school students in a low-income school and found it helpful for reducing mental health symptoms. Similarly, Martinez et al. (2022) conducted a study with universal implementation with DBT for adolescents as part of SEL curriculum in a rural high school. Results supported improved skills in students, specifically with social resilience and emotional regulation (Martinez et al., 2022). Like the study by Chugani et al. (2022), both school settings had limited access to mental health resources, but due to economic setting and cultural needs, the students possess an increased need for mental health support. A third study targeted schools with limited resources by utilizing DBT skills training with educators in high poverty schools during the pandemic (Shernoff et al., 2022). Results highlighted the high stress environment of urban schools experiencing poverty and the added stress that students and educators often experience. DBT skills improved levels of stress while increasing the use of positive coping strategies (Shernoff et al., 2022).

DBT and mindfulness in various implementation methods assisted at-risk students who experience behavioral and learning challenges or belong to racial or sexual minorities (Jones & Lee, 2022; Poon et al., 2022; Preston & Spooner-Lane, 2019; Yang et al., 2022). Participants included youth who experience increased levels of emotional regulation difficulties and self-harming behaviors. DBT skills for adolescents impacted students of sexual minorities effectively to significantly reduce depression and borderline symptoms that results were similar to heterosexual peers (Poon et al., 2022). Focus groups with adolescents with severe behaviors

experienced positive effects following DBT implementation to a level of recommending the

treatment for healthy populations (Pardo et al., 2020). A study by Yang et al. (2022) used DBT

skills training with educators to assist students of racial minorities, which led to antiracism

initiatives within the school. Another study with educator participants looked at the effects of

mindfulness for at-risk students attending alternative school and revealed improved emotional

regulation and decreased stress and exhaustion (Preston & Spooner-Lane, 2019). Such studies

reveal the impact of mindfulness and behavior therapy on varying populations with varying

levels of mental health needs.

DBT and Mindfulness for Specific Populations

Historically, DBT has been implemented in the clinical setting, and adaptations have

been made for students and other populations since DBT use began in schools (Chu et al., 2015;

Mazza et al., 2016; Rosendahl-Santillo et al., 2021). The need to address emotional and

behavioral issues is greater now than ever. DBT can assist with a variety of issues, and in 2015,

research was conducted on its use for school refusal (Chu et al., 2015). One of the most popular

guidebooks is DBT Skills in Schools: Skills Training for Emotional Problem Solving for

Adolescents (DBT STEPS-A) (Mazza et al., 2016). Mazza et al. (2016) provide educators with

thirty lessons to teach on a variety of DBT skills, geared to a general population of adolescents.

Comprehensive School-Based DBT is one program that addresses the mental health crisis, and

DBT-A specifically supports adolescents through the time they experience an abundance of

emotional struggles (Mazza et al., 2016). Both types of DBT programs are potential social-

emotional interventions for use in schools for improving emotional regulation and behavioral

problems.

Research conducted on a wider population needing mental health support includes adults

with disabilities and individuals receiving support in clinical or residential settings (Doorn et al., 2020; Pardo et al., 2020; Pearson et al., 2021; Poon et al., 2022; Rosendahl-Santillo et al., 2021; Wright et al., 2019). Results following DBT instruction and implementation for such groups were favorable (Doorn et al., 2020; Pardo et al., 2020; Pearson et al., 2021; Rosendahl-Santillo et al., 2021). Mental health interventions have been utilized in schools due to the support it offers for students with anxiety, Autism, or Emotional Behavioral Disorders. Additionally, DBT and mindfulness therapies can assist students attending higher education institutes as well as families of youth with mental health concerns (Gabriely et al., 2020; John Lothes et al., 2021).

Special Education

As special education students struggle with academic or behavioral challenges, their mental health is impacted due to increased levels of stress (DeSerisy et al., 2023; Miller et al., 2023). Few studies focus on improving mental health for special education students through mindfulness or DBT, although research pointed out this need (Day et al., 2022; Preston & Spooner-Lane, 2019; Rosendahl-Santillo et al., 2021; Stockall & Blackwell, 2022). A study by Orr et al. (2020) suggested that limited studies in special education could be due to doubting if interventions such as DBT could be effective for special education populations. The benefits of behavior interventions have been shown for general education populations but using the same strategies for students with severe behaviors may not be as effective or require modifications (Flynn et al., 2018; Orr et al., 2020; Zdoupas & Laubenstein, 2022). Research on interventions addressing behavior studied students who were determined to be at risk, were diagnosed with Autism or anxiety, or required modified behavior therapy (Malivoire, 2020; Mannion et al., 2022; Martinez et al., 2022; Pardo et al., 2020; Patterson et al., 2020; Pearson et al., 2021). Results from studies on Autism and anxiety revealed the positive potential for improved well-

being for this population (Preston & Spooner-Lane, 2019; Rosendahl-Santillo et al., 2021; Stockall & Blackwell, 2022).

Emotional Behavioral Disorder.

A plethora of SEL interventions exist for students identified with behaviors, however, the literature regarding SEL support for special education students with severe behaviors is limited (Zapolski & Smith, 2017). Children and adolescents identified with emotional or behavioral difficulties make up about 20% of students (O'Farrell et al., 2023). Dropout rates for students with severe behaviors are approximately twice that of other students (Lehr et al., 2004, as cited in Miller et al., 2023), which makes behavior interventions essential for students with problem behaviors. Students identified as having an emotional behavioral disability struggle with school relationships, academics, and mental health more than their peers (Miller et al., 2023).

The emotional regulation difficulties experienced by students are often associated with aggressive behavior (Georgiou et al., 2021). A study on the relationship between mindfulness and emotional regulation shows significant improvement in both internalizing and externalizing symptoms including aggressive actions towards peers (Georgiou et al., 2021). Unfortunately, students lacking emotional regulation may also display aggression towards themselves; they are likewise more prone to suicidal thoughts (Miller et al., 2023). Consequently, DBT is well-suited for students with a diagnosis of emotional regulation difficulties due to the coping strategies it offers, which assist with reducing problem behaviors.

Autism.

Studies show that behavioral interventions are common treatments for individuals with Autism (Clifford et al., 2022; Levinson et al., 2021; Stockall & Blackwell, 2022). Individuals with Autism are at greater risk of ineffective behaviors and lack social skills (Bemmouna et al.,

2021; Levinson et al., 2021). Prevalence of self-harm and suicidal behaviors are at-risk behaviors discussed in the literature on Autism and problem behaviors (Bemmouna et al., 2021). Other behaviors that DBT supports include anxiety, aggression, and defiance (Levinson et al., 2021), which are common problem behaviors among individuals with Autism (Clifford et al., 2022).

Researchers Stockall and Blackwell (2022) and Clifford et al. (2022) studied the effects of behavior therapy and mindfulness for children with Autism. Stockall and Blackwell (2022) studied anxiety with Autism, and Clifford et al. (2022) focused on anger and aggression. These are typical problem behaviors associated with Autism. Results revealed the treatment was effective in reducing temper tantrums and arguing (Clifford et al., 2022) and that mindfulness therapy improves self-regulation and social-emotional competencies (Stockall & Blackwell, 2022). Such intervention studies are rare (Stockall & Blackwell, 2022), but results show that children with Autism can acquire emotional regulation and self-control (Clifford et al., 2022). Mindfulness practices help increase self-awareness, and with regulated emotions, such individuals can communicate more effectively (Clifford et al., 2022; Stockall & Blackwell, 2022).

A study by Bemmouna et al. (2021) researched the feasibility of DBT treatment for adults with Autism. Although this study was not conducted on students within the school setting, results showed significant improvement in emotional regulation (Bemmouna et al., 2021), echoing results from studies with children who have Autism (Clifford et al., 2022; Stockall & Blackwell, 2022). Such research shows the adaptability of DBT for meeting various needs associated with Autism.

Cognitive Disabilities.

Individuals with cognitive disabilities may lack coping skills and exhibit problem behaviors due to the struggle to learn (DeSerisy et al., 2023; Pearson et al., 2021; Rosendahl-Santillo et al., 2021). DBT has been adapted to reach individuals with cognitive impairments, and several studies have been conducted for individuals with learning disabilities as well as intellectual disabilities (DeSerisy et al., 2023; Pearson et al., 2021; Rosendahl-Santillo et al., 2021). For example, adults with intellectual disabilities received DBT in a residential setting and experienced an improved sense of self and relationships (Pearson et al., 2021). Other researchers found a decrease in challenging behaviors and hospitalizations for self-harm in participants with cognitive challenges following DBT implementation (Rosendahl-Santillo et al., 2021). Research supports addressing problem behaviors in a variety of populations due to the potential positive outcomes (DeSerisy et al., 2023; Pearson et al., 2021; Rosendahl-Santillo et al., 2021). DBT can assist with teaching skills to combat problem behaviors as well as prevent future at-risk behaviors, which the literature shows exist among all populations (Mazza et al., 2016; Miller et al., 2023). Additionally, providing youth with knowledge of skills and education about environments conducive to high-risk behavior could prevent problem behaviors (Daniels & Pharaoh, 2021).

Higher Education

College students often face increased stress related to academic pressures and transition to adulthood (John Lothes et al., 2021). Although DBT research concerning higher education is rare, some studies show effectiveness for stress management as well as academic performance (John Lothes et al., 2021; Üstündağ-Budak et al., 2019). Üstündağ-Budak et al. (2019) found DBT to be effective for college students following skills training, as participants experienced

reduced depression, stress, and anxiety. John Lothes et al. (2021) studied DBT mindfulness skills and its effect on anxiety among college students. Results showed significant reductions in both test anxiety and general anxiety (John Lothes et al., 2021). Finally, a study on mindfulness with college students with learning difficulties reduced inattention and increased awareness (Gabriely et al., 2020). Mindfulness-based therapies not only reduce stress and anxiety, but with improved focus and attention that the skills offer, academics can improve as well (Gabriely et al., 2020; John Lothes et al., 2021).

Families and Caregivers

Support for families of individuals with special needs has been studied using DBT as a therapeutic intervention (Guillen et al., 2022; Shareh & Yazdanian, 2023). Supporting someone struggling with a disability or mental health issues can be a burden and increase stress. DBT can be a support for families due to the improvement it offers for depression, stress, burden, grief, and relationships (Guillen et al., 2022). Research by Guillen et al. (2022) reveals that DBT can support those who require behavior therapy as well as those who support such individuals. Results and discussion points in the literature recommended continued use of SEL tools for continued mental health support (Chugani et al., 2022; Day et al., 2022; Gasol et al., 2022), so support offered by families can be ongoing.

Comparative Analysis of Behavior Therapies

This section reviews the literature comparing cognitive behavioral therapies including DBT and MBIs. DBT is an evidence-based cognitive behavior therapy found to be effective for some populations (Gasol et al., 2022; Hastings et al., 2022; Lakeman et al., 2022; Linehan, 2015, as cited in Hunnicutt Hollenbaugh & Lenz, 2018). Mindfulness-based interventions in schools are increasing in popularity due to the positive effects on students which include improving

emotional control, cognitive processes such as attention and executive functioning, and behavior (Bockmann & Yu, 2023; Phan et al., 2022; Preston & Spooner-Lane, 2019; Stockall & Blackwell, 2022). Studies on mindfulness show more positive results than DBT alone in schools. Some studies provide evidence that by following a mindfulness-based intervention in schools, students improved emotional regulation skills, which is a goal of DBT (Georgiou et al., 2021; Preston & Spooner-Lane, 2019).

DBT vs. Other Behavior Therapies

Outside of therapeutic interventions in schools, when compared to other behavior therapies, studies found DBT and program variations of DBT to be effective in clinical settings. Bohus et al. (2020) compared DBT for PTSD patients (DBT-PTSD) to cognitive processing therapy (CPT). Both therapies were successful at improving symptoms of PTSD, with DBT having significantly higher improvements for symptoms (Bohus et al., 2020). Another study found substantial reductions in depressive symptoms using Radically Open DBT (RO-DBT) in comparison to regular treatment for individuals with depression who did not respond to medication or psychotherapy (Lynch et al., 2020).

Research has demonstrated the effectiveness of cognitive behavior therapy (CBT) and mindfulness for treating mental health issues for a variety of individuals (Davidson et al., 2022). For example, Jassi et al. (2021) applied CBT for obsessive-compulsive disorder for individuals with and without Autism and found improvements of OCD symptoms. For individuals with Autism, results were not as significant as those without Autism (Jassi et al., 2021). Jassi et al. (2021) show that CBT can be effective and that results vary with different populations, similar to findings from similar studies on DBT. Since DBT is a type of CBT, both therapy methods address ineffective behaviors by teaching replacement behaviors and using coping strategies. The

purpose of CBT is to improve emotional wellbeing (Beck, 2011, as cited in Davidson et al., 2022), and similarly, DBT is focused on building a life worth living (Linehan, 2015).

One theme found in the research discussing the effectiveness of DBT and other CBTs is third wave therapies (Budak & Kocabaş, 2019; Shah, 2021). Third wave therapies are an adaptation of CBT and include DBT, acceptance and commitment therapy (ACT), and mindfulness-based cognitive therapy (MBCT) among others (Perkins et al., 2023). The use of third wave therapies is growing in use for children and adolescents, and more research is emerging on its effectiveness (Ludgate, 2021; Perkins et al., 2023; Shah, 2021). Ludgate (2021) discusses how DBT is integrated with other therapies such as ACT and traditional CBT, and a similar study by Shah (2021) focuses on similar concepts among DBT, ACT, and MBCT.

Carmelo (2022) compares DBT to other behavior therapies, and in this research, DBT is recommended above other CBTs. Carmelo (2022) compares behavior therapies for antisocial behaviors including Acceptance and Commitment Therapy (ACT) and DBT. Both therapies teach the concept of acceptance. Behavior changes are achieved through acceptance, and so these therapies may be used to complement the other (Carmelo, 2022). Acceptance is a key concept among third wave therapies (Carmelo, 2022; Shah, 2021). Results show that these therapies treat at-risk individuals who can exhibit aggressive behavior with positive outcomes (Carmelo, 2022).

Similarities among CBTs are evident in the literature regarding DBT effectiveness. For example, a skill used in DBT, model of emotions, is discussed as being a part of RBT as well as REBT (Wirga et al., 2020). Wirga et al. (2020) discuss Rational Behavior Therapy (RBT) and distinctions between RBT and other forms of behavior therapy. Additionally, as RBT emphasizes self-help, homework is utilized in RBT and several other CBTs, including DBT in Schools (Mazza et al., 2016; Wirga et al., 2020).

DBT and Mindfulness-Based Interventions

One major theme found in the literature was the relationship of mindfulness to behavior therapy. While DBT has been found effective in increasing mindfulness (Holbrook et al., 2022), studies were found that relate mindfulness-based interventions to cognitive behavioral therapies such as DBT (Hosan et al., 2022; Katz, Mercer, & Skinner, 2020; Noroozi & Mohebbi-Dehnavi, 2022; Syeda & Andrews, 2021; Wright et al., 2019). These studies were implemented in a school setting through the Response to Intervention system for improving behavior. When implemented through the tiers of Response to Intervention, the programs are more effective for students as well as teachers (Hosan et al., 2022; Katz, Mercer, & Skinner, 2020; Syeda & Andrews, 2021). Mindfulness as a behavior therapy addresses the mental health need of students as well as teachers and has the potential to improve student behavior (Bender et al., 2023; Hosan et al., 2022).

Studies have also been conducted on the specific mindfulness components of DBT. Zeifman et al. (2020) studied the mindfulness aspects of DBT group skills for change in emotional regulation and effect on clinical outcomes. Results showed improvements in mindfulness and therefore improvements in DBT skills (Zeifman et al., 2020). Additionally, Eeles and Walker (2022) compare mindfulness in DBT to ACT and MBCT and conclude that DBT mindfulness interventions support positive change. Results seem to show that mindfulness impacts overall effectiveness of DBT, but uncontrolled variables in the studies make more research necessary (Eeles & Walker, 2022).

In the literature, DBT is recognized as one type of MBI among many mindfulness-based cognitive therapies (Bender et al., 2023). Due to the success of MBIs supporting adults with chronic illness, adaptations were made for adolescents and children to incorporate in schools

through SEL (Bender et al., 2023). Some research suggests that combining behavior therapies with MBIs support improving many mental health symptoms including anxiety and depression (Davidson et al., 2022; John Lothes et al., 2021). Moreover, DBT's effectiveness for mindfulness and positivity makes it a valuable component for integration with other therapies (Bender et al., 2023). Another example of DBT's benefits is a study by Zieher and Armstrong (2022) which found that DBT skill use improved mindfulness and supports teacher well-being as well as effective teaching. Supporting well-being, anxiety, depression, as well as effective teaching are some of the benefits of incorporating mindfulness therapy techniques.

Overall, studies on DBT and mindfulness-based interventions in schools show that DBT has some effect on the improvement of emotional regulation and prosocial behavior in adolescent students (Flynn et al., 2018; Gasol et al., 2022; Rosendahl-Santillo et al., 2021; Zapolski & Smith, 2017). Most studies share that more research is needed due to the limited number of studies (Cook & Gorraiz, 2016; Justo et al., 2018; Miller et al., 2020). Contrastingly, studies on mindfulness-based interventions in schools suggest positive results (Berti & Cigala, 2022; Bockmann & Yu, 2023; Georgiou et al., 2021; Phan et al., 2022; Preston & Spooner-Lane, 2019; Razza et al., 2020; Stockall & Blackwell, 2022; Syeda & Andrews, 2021). The gap in the literature reinforces the need for studies on mental health supports such as DBT which is focused on mindfulness and conducted in schools for students struggling with emotional regulation and interpersonal skills.

Mindfulness as a Behavior Therapy

Mindfulness plays a vital role in DBT and other behavior therapies. DBT's focus on mindfulness may contribute to its overall effectiveness (Eeles & Walker, 2022). Although results from both DBT and MBIs are similar, mindfulness on its own can be used as a behavior therapy

(Astin, 1997, as cited in Davidson et al., 2022). Mindfulness assists with observing thoughts and emotional awareness and is repeated between modules of DBT (DeSerisy et al., 2023). It is often associated with present moment awareness and nonjudgment (Davidson et al., 2022), which are key concepts in the therapies found in the literature.

With the increase in the popularity of mindfulness, more studies are being conducted on the effects of mindfulness on improved well-being (Mochrie et al., 2019; Saunders & Kober, 2020; Wright et al., 2019). Zieher and Armstrong (2022) and Kim et al., (2021) write about the use of mindfulness as a social-emotional support, and Wright et al., (2019) found positive impacts of both mindfulness and behavior therapy for internalizing behaviors in children. Hosan et al. (2022) and Zuo and Wang (2023) state that cognitive behavior therapy is one type of mindfulness-based intervention, and research by Wright et al. (2019) showed similar benefits between mindfulness and behavior therapies. Several studies recommend mindfulness for educators for their improved mental well-being, decreased stress, improved relationships, and student progress (Bender et al., 2023; Carroll et al., 2022; Hosan et al., 2022; Mahfouz, 2018).

In addition to therapeutic interventions in schools, MBIs have been researched in the clinical setting for the effect on symptoms. Studies were found that compared DBT to DBT-M, which is specifically the mindfulness component of DBT (Eeles & Walker, 2022; Guillen et al., 2022) or studied the specific mindfulness components of DBT (Zeifman et al., 2020). So, while DBT is based in mindfulness, which is the overall component that skills relate to, the mindfulness module of DBT has been utilized as a stand-alone therapy. Results comparing DBT and DBT-M as separate therapies showed significant improvement regardless of treatment (Guillen et al., 2022). Benefits from mindfulness as taught in DBT include non-judgmental

awareness and improved attention (Eeles & Walker, 2022). These benefits led to improvement in mental health symptoms (Eeles & Walker, 2022; Zeifman et al., 2020).

Due to the focus on awareness development in mindfulness, several studies connect awareness of emotions with improvement of unwanted behaviors (Bockmann & Yu, 2023; Clifford et al., 2022; Jones & Lee, 2022). Georgiou et al. (2021) found that mindfulness is connected to decreasing aggression. Similarly, Clifford et al. (2022) share that their results support other studies on mindfulness-based interventions improving awareness and aggressive behaviors. Sirola (2023) shares that mindfulness taught in school not only improves emotional regulation and attention, but it also improves empathy, compassion, and helps students to feel calm. These skills help improve student stress as well as academics due to improved attention and well-being. For example, a study by Zuo and Wang (2023) implemented a mindfulness-based intervention in a middle school setting to see if it improved testing anxiety in math. The mindfulness intervention was effective in relieving student anxiety and therefore math achievement increased. The average scores of student participants are shown below.

Figure 2

Math Achievement with and without MBI
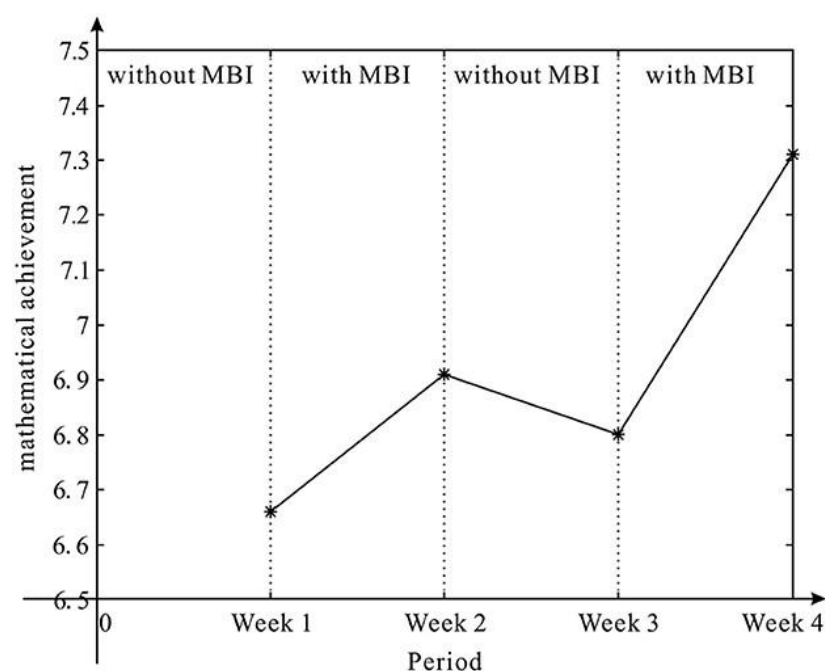
The results in the above graph show the drastic potential of MBIs for academic improvement by decreasing negative student behaviors of as stress and anxiety. Results also revealed improvement in student self-efficacy and judgment thoughts (Zuo & Wang, 2023). Other studies also show the effect of mindfulness on improvements in classroom climate (Carroll et al., 2022; Mahfouz, 2018; Syeda & Andrews, 2021).

Research on mindfulness and mindfulness-based interventions in schools seems to be more prevalent than DBT, especially concerning younger students and preschoolers (Berti & Cigala, 2022; Razza et al., 2020; Saunders & Kober, 2020; Wright et al., 2019). In addition to the need for improved mental health resources for students, the literature reveals a need for mindfulness training for teachers (Bender et al., 2023; DeSerisy et al., 2023; Hosan et al., 2022; Justo et al., 2018; Mahfouz, 2018; Wigelsworth & Quinn, 2020; Zieher & Armstrong, 2022). Evidence from the studies on mindfulness for teachers and school leaders suggests that

mindfulness training is effective and improves teaching (Justo et al., 2018; Mahfouz, 2018; Shernoff et al., 2022; Yang et al., 2022; Zieher & Armstrong, 2022).

Research on MCBT showed reductions of anxiety and depression according to Davidson et al. (2022). Similarly, when targeting mental disorders with therapy treatments, emotional regulation improved (Berking et al., 2019). Both studies revealed skills training can lower depressive symptoms. Many studies shared challenges with mental health including stress among students and teachers and unhealthy coping methods (Bender et al., 2023; Cormier et al., 2022; DeSerisy et al., 2023; Katz, Knight, Mercer, & Skinner, 2020). One article discussed how individual beliefs influence emotions and behavior (Young et al., 2023). Research by Young et al. (2023) compared mindfulness strategies to Rational Emotive Behavior Therapy (REBT) and found that the combination of both strategies enhanced performance.

Mindfulness-based interventions have been associated with increased positivity, improved quality of life, decrease in anxiety, and pro-social behavior (Davidson et al., 2022; Odgers et al., 2020; Soler et al., 2022; Syeda & Andrews, 2021). MBI's are commonly used in schools to assist students with focus, sustained attention, and executive functioning (Lemberger-Truelove et al., 2023; Tercelli & Ferreira, 2019). Due to the findings on improved behavior, mindfulness connects to the theoretical framework in relation to positive psychology. Soler et al. (2022) explain that an individual who decides to behave or pay attention is more likely to make better decisions and therefore increases well-being. Increased attention and self-control are what Bandura (2002) discusses in "Selective Moral Disengagement in the Exercise of Moral Agency." Individuals have the power to choose how they act and respond (Bandura, 2002). Considering the abundance of mental disorders, one may not be able to logically think or act appropriately for societal norms. However, mindful practices assist one to do so, as well as improve one's

happiness and well-being (Preston & Spooner-Lane, 2019; Soler et al., 2022; Stockall & Blackwell, 2022).

Mechanisms of Change

The identified aspects of DBT leading to behavior improvement include acceptance, emotional awareness and regulation, and nonjudgment attentional aspects of mindfulness. Combining these concepts seems to play a role in the mechanism of change (Eeles & Walker, 2022), leading to cognitive reappraisal. These mechanisms of change are used in CBTs to create cognitive flexibility, leading to improvement (Hayes & Hofmann, 2021). Researchers posit that the mindfulness aspects of DBT, which is a focus on awareness and accepting emotions, are more in line with mechanisms of change than in other therapies (Eeles & Walker, 2022).

Acceptance

Mindfulness creates the foundation of DBT and lies behind the transformational acceptance strategies (DeSerisy et al., 2023). Acceptance is a key concept and mechanism of change in DBT and other behavior therapies. Often, mindfulness and acceptance are discussed in connection to behavior therapies, as acceptance stems from a certain level of awareness and a desire to change.

Acceptance is often included in mindfulness strategies and is therefore another theme connecting behavior therapies (Shah, 2021). For example, Dredze (2020) discusses the importance of acceptance in connection to Rational Emotive Behavior Therapy (REBT). REBT shares the themes of acceptance and mindfulness with DBT, which contrasts with traditional CBT (Dredze, 2020). Similarly, Shah (2021) discusses connections between REBT, DBT, acceptance and commitment therapy, and mindfulness-based cognitive therapy. DBT includes a focus on cognitive reappraisal through the skill radical acceptance (Segal et al., 2023). One study

focused on acceptance with results suggesting that the concept facilitates cognitive change (Segal et al., 2023). Simply stated, the concept of acceptance and acceptance-based therapy is closely connected to DBT and the strategies used in behavior therapies due to the focus on mindfulness.

What makes DBT distinctive and possibly effective is the concept of change in addition to acceptance. Acceptance reinforces key concepts in DBT such as nonjudgment and problem solving instead of avoiding or engaging in ineffective behaviors. Acceptance encourages individuals to focus on their emotions and situations without judgment and avoidance, which eases difficult experiences and the emotions that come with them (Burckhardt et al., 2018). Budak and Kocabaş (2019) discuss how DBT modules are created to focus on the concepts of acceptance and change together. Additionally, acceptance of one's emotions can be a powerful cognitive change (Segal et al., 2023).

Emotional Regulation

Emotional regulation is another major mechanism of change and is an overwhelming theme in the literature. Emotional regulation includes the ability to recognize one's emotions, manage the intensity, and effectively express them (Baumeister & Vohs, 2003, as cited in Georgiou et al., 2021). De Berardis et al., (2020) add that properly regulating emotions is essential for one's well-being. Individuals with emotional or behavioral deficits may lack the ability to properly express what they feel and misjudge the intensity of their emotions, thus causing individuals to act on urges to engage in ineffective behaviors such as self-harm. Linehan studied the connection between emotional regulation and one's environment, theorizing that invalidating experiences may lead to emotional dysregulation (Linehan, 1993, as cited in Harvey et al., 2019). If negative experiences and emotions are not counterbalanced, the imbalance can

lead to maladaptive behaviors, which adolescents are prone to experiencing (Young et al., 2023).

Emotional regulation is a focus of DBT treatment due to its effect on overall positive behaviors (Georgiou et al., 2021; Harvey et al., 2019). The inability to regulate and manage emotions is one major cause of the development of disabling mental disorders (Gasol et al., 2022). When taught to young people, interventions focusing on improving emotional regulation offer the acquisition of effective tools to prevent mental disorders or clinical diagnoses later in life (Gasol et al., 2022). A study on the effect of DBT skills for adolescents focusing on improving emotional regulation revealed positive trends in mental health as well as emotional regulation and peer interactions (Gasol et al., 2022). Studies reveal how essential SEL interventions can be for preventing mental health concerns for youth (Gasol et al., 2022) including anxiety and depression (De Berardis et al., 2020), self-harming behaviors (Bemmouna et al., 2021; Burckhardt et al., 2018), and aggression (Georgiou et al., 2021).

One of the reoccurring themes within the recent literature is the connection between emotional regulation and anger, aggression, and self-harming behaviors (Bemmouna et al., 2021; Burckhardt et al., 2018; Clifford et al., 2022; De Berardis et al., 2020; Katz, Mercer, & Skinner, 2020). The connection between a lack of self-regulation and negative behaviors may explain why emotional regulation is a focus of cognitive reappraisal and a comprehensive module within the structure of DBT (Linehan, 1993; Miller et al., 2023). Clifford et al. (2022) focus on the awareness and attention aspects of DBT in influencing self-regulation, but a study on adolescents in schools by Burckhardt et al. (2018) had differing results concerning emotional regulation. Quantitative results did not show a statistical difference, but qualitative results showed positive changes in emotional regulation (Burckhardt et al., 2018).

Other studies concerning behavior therapy and emotional regulation skills are similarly varied. Berking et al. (2019) concluded that teaching emotional regulation skills may improve symptoms from mental disorders, but results cannot be separated from interpersonal skills. Berking et al. (2019) posit that the combination of modules taught in DBT may be responsible for positive outcomes. Additionally, Harvey et al. (2019) conducted a systematic review with less recent studies and found lacking evidence that DBT is effective for emotional regulation. Conversely, possibly due to the rise in DBT treatment use and popularity, more recent studies confirmed that DBT and mindfulness are effective at improving emotional regulation (Bemmouna et al., 2021; Georgiou et al., 2021; Hunnicutt Hollenbaugh & Lenz, 2018; Martinez et al., 2022; Preston & Spooner-Lane, 2019). An additional recent study focusing specifically on managing emotions for cognitive reappraisal through DBT skills found meaningful improvements in emotional difficulties and a positive impact on daily life (Lawlor et al., 2022).

Some researchers recommend that mental health interventions must focus on improving emotional regulation proactively to avoid the development of mental disorders later in life (Burckhardt et al., 2018; De Berardis et al., 2020; Young et al., 2023). Evaluating emotional issues early in life and treating them can alleviate both mental and behavioral problems for adolescents, thus improving overall well-being (De Berardis et al., 2020). Burckhardt et al. (2018) recommend teaching students several emotional regulation strategies, which they found to be more effective in preventing mental health issues later. Regardless of how or when SEL interventions are implemented for emotional regulation, the literature shows improvements in a variety of behaviors through mindfulness behavior therapies.

Cognitive Reappraisal

Like acceptance and emotional regulation, DBT focuses heavily on awareness and nonjudgment aspects of creating change in how one thinks. In fact, Pierce et al. (2022) and Burckhardt et al. (2018) discuss that cognitive reappraisal is a form of emotional regulation because the two are closely linked. As one gains awareness of thoughts in a nonjudgmental way, emotions can be more controlled, leading to change and improvements in behavior. Mindfulness aspects of DBT create awareness centering on one's emotions, and it is one's response to emotions, not the emotion itself, that creates harm (Burckhardt et al., 2018). Nonjudgmental awareness assists individuals in gaining cognitive control and therefore emotional control (Burckhardt et al., 2018; Pierce et al., 2022).

The cognitive reappraisal components of mindfulness and DBT assist individuals with reframing thoughts, so they see situations in a more flexible way (Linehan, 2015). The dialectical concept moves individuals past concrete thinking to see more possibilities (Linehan, 2015). The cognitive reappraisal strategies are mechanisms of great change due to the creation of awareness around many thoughts that guide behavior (Hayes & Hofmann, 2021). Following thought awareness, individuals utilizing CBT strategies can notice and act on effective thoughts (Hayes & Hofmann, 2021). The ability to possess flexibility of thought and perspective taking is essential for adolescents, and proactive measures are needed to support mental health changes (Burckhardt et al., 2018).

DBT in Schools

This study aims to understand special education teacher perspectives of DBT and how possible improvements could be made for the intervention to be implemented in schools. A review of the literature revealed that DBT implementation in schools, especially within the United States, is rare (Day et al., 2022; Flynn et al., 2018; Gasol et al., 2022; Hastings et al.,

2022; Zapolski & Smith, 2017). Most results from these studies are inconclusive, although research concerning DBT in the clinical setting is favorable (Pardo et al., 2020; Pearson et al., 2021; Poon et al., 2022). Additionally, some studies showed improved emotional regulation, which is one of the goals of DBT (Burckhardt et al., 2018; Holbrook et al., 2022; Hunnicutt Hollenbaugh & Lenz, 2018; Miller et al., 2020; Zdoupas & Laubenstein, 2022).

Due to the increased stress experienced by today's youth, schools have become logical environments for individuals to learn coping tools (Amudhan et al., 2021; Burckhardt et al., 2018; Flynn et al., 2018; Gasol et al., 2022; Miller et al., 2023; Singer et al., 2019). Schools consider new ways to support students at greater risk for mental health issues (Amudhan et al., 2021; Katz, Mercer, & Skinner, 2020) which includes students with disabilities since they perform significantly lower than their general education peers (Dupuis & Jacobs, 2021). To meet more targeted SEL goals, school leaders recently began to implement evidence-based therapies including adaptations of behavior therapies such as DBT (Mazza et al., 2016). Research now shows that such SEL interventions benefit a wider range of populations (Hosan et al., 2022; Mahfouz, 2018; Zieher & Armstrong, 2022), including students who suffer from emotional regulation difficulties (Zapolski & Smith, 2017).

Research conducted on DBT in schools includes skills training for both teachers and students, including those with and without mental health concerns (Flynn et al., 2018; Gasol et al., 2022; Hastings et al., 2022; Justo et al., 2018; Katz, Mercer, & Skinner, 2020; Preston & Spooner-Lane, 2019; Shernoff et al., 2022; Üstündağ-Budak et al., 2019; Zieher & Armstrong, 2022). Student self-reporting measures with both small and large populations of students in addition to other forms of assessments were utilized (Hastings et al., 2022; Katz, Mercer, & Skinner, 2020). The literature review reveals that there is a need for mental health support

through programs such as DBT for adolescents with behaviors, who are deemed at-risk through qualifications such as being identified as a low-income student or are served through special education (Chugani et al., 2022; DeSerisy et al., 2023; Martinez et al., 2022; Miller et al., 2023; Pardo et al., 2020; Zapolski & Smith, 2017). More generally, studies revealed the benefits of DBT and MBIs contributing to SEL both inside and outside of schools (Flynn et al., 2018; Hastings et al., 2022; Katz, Mercer, & Skinner, 2020).

DBT Program Variations and Adaptations

DBT and mindfulness-based interventions usually require adaptations for particular populations and program improvement (Justo et al., 2018). After DBT was found to be beneficial for an adult population in the clinical setting, it was adapted for adolescents in the clinical setting, then for use in schools (Mazza et al., 2016; Miller et al., 2023). Studies recommend utilizing schools for behavior therapy interventions to increase access to mental health support (Gasol et al., 2022; Miller et al., 2023; Zapolski & Smith, 2017). So, adapting programs to meet the varying needs of the student population may be necessary. Such adaptations are necessary for supporting adolescents with better decision-making during a time of emotional difficulties.

Since being implemented in schools, DBT has evolved to meet varying needs with education. Adaptations include DBT STEPS-A (DBT skills training for emotional problem solving for adolescents), DBT-C (DBT for children), DBT-M (DBT mindfulness), DBT-ST (skills training), skills only, and Comprehensive School Based DBT. DBT for children and adolescents includes support for parents or caregivers (DeSerisy et al., 2023). Family sessions assist with skill carryover and more consistency for all involved.

DBT STEPS-A is specifically skills for adolescents developed by Mazza et al. (2016). DBT STEPS-A is an adaptation including thirty weekly lessons and can be taught to a variety of

students. It focuses on building emotional resilience that adolescents often require (Flynn et al., 2018). The version was designed for educators to implement as part of SEL curriculum (DeSerisy et al., 2023), and many studies have implemented the lessons with positive results (Chugani et al., 2022; Flynn et al., 2018; Gasol et al., 2022; Hastings et al., 2022; Martinez et al., 2022; Poon et al., 2022). DBT STEPS-A includes modules on mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness (Mazza et al., 2016).

DBT-C has been adapted specifically for children and has shown efficacy in clinical settings (Perepletchikova et al., 2017, as cited in DeSerisy et al., 2023). DBT-C involves modifications to standard DBT with increased visuals and focuses on early intervention and heavily incorporates caregiver support (DeSerisy et al., 2023). The goals of DBT-C include reducing current problem behaviors and reducing the risk of mental health issues in the future (DeSerisy et al., 2023). Additionally, DBT-C instructs children coping skills while assisting parents to create a validating environment (Perepletchikova, 2018). With caregiver support, DBT-C uses biosocial theory and incorporates simplified concepts of acceptance, change, and validation (DeSerisy et al., 2023).

Comprehensive School Based DBT (CSB-DBT) is recommended by Miller et al. (2023). CSB-DBT addresses the increased mental health needs of suicidality and self-harming behaviors stemming from emotional dysregulation (Miller et al., 2023). A variety of problem behaviors and concerns can be addressed with CSB-DBT. It includes the same four main modules of DBT STEPS-A plus walking the middle path, an additional module for the middle school years (DeSerisy et al., 2023). Additionally, CSB-DBT involves five main modes of delivery including individual counseling, skills groups, skills coaching, weekly consultations, and parent or family meetings (DeSerisy et al., 2023).

Other versions of DBT have been implemented for different populations including solely focusing on mindfulness (DBT-M). A study utilizing DBT-M found it effective in reducing impulsivity and improving emotional regulation in participants (Carmona i Farrés et al., 2019). DBT-ST is skills training and has been used with educators to assist mental health in schools. Studies found DBT-ST has potential for assisting teachers with delivering mental health support to students (Justo et al., 2018; Shernoff et al., 2022). A variation of DBT has also been used to assist specific behaviors such as school refusal (DBT-SR) (Chu et al., 2015), but no recent studies were found using DBT-SR. Despite the modification of the behavior therapy, studies discussed in this section show potential improvement of behaviors and support SEL contributions in schools.

In addition to adaptations for use in schools to address behaviors, a review of the literature revealed that DBT has been adapted for cultural needs (Hastings et al., 2022; McKimmy et al., 2023; Ramaiya et al., 2018) and cognitive needs (DeSerisy et al., 2023; Hewitt et al., 2019; Pearson et al., 2021; Rosendahl-Santillo et al., 2021; Searle & Borseti, 2021). DeSerisy et al. (2023) posit that abstract concepts and acronyms used in DBT make skills challenging to learn for those with cognitive deficits. Studies conducted on adapted DBT for individuals with an intellectual disability reveal varied results. Some participants experienced an improvement in stress and sense of self but not in well-being or anxiety levels (Pearson et al., 2021; Searle & Borseti, 2021). Another study on cognitively challenged individuals shared findings that problem behaviors and hospitalizations decreased while overall cognitive functioning increased (Rosendahl-Santillo et al., 2021). Despite positive results from the research, even with modifications, DBT can be difficult to implement for all populations.

Adapting mental health supports and collaboration within schools is one potential solution for reaching a variety of student populations who struggle with behavior disorders. Additionally, DBT implementation for educators is one way behavior therapy can be used in schools for improved emotional regulation. One way to overcome some limitations to using such programs in schools as mentioned by Gasol et al. (2022) is to train teachers in these interventions for more consistent implementation as well as encouraging collaboration with mental health professionals (Katz, Knight, Mercer, & Skinner, 2020). Doing so increases access to mental health supports and improves school climate by providing educators with needed skills to combat stress.

Contributions to SEL Curriculum

Through improved implementation and instruction, DBT contributes to the SEL curricula of schools. Some studies compared the effectiveness of DBT to other SEL curricula (Katz, Mercer, & Skinner, 2020) or recommend DBT and mindfulness to assist with SEL components (Justo et al., 2018; Kim et al., 2021). Several studies show positive results of these interventions for students (Burckhardt et al., 2018; Carr, 2021; Chugani et al., 2022; Flynn et al., 2018; Gasol et al., 2022; Hastings et al., 2022; Martinez et al., 2022; Mazza et al., 2016; Miller et al., 2020). Katz, Mercer, and Skinner (2020) recommended adding DBT components to existing SEL for increased effectiveness. Studies reveal that through coping skills instruction, students improved their self-concept and use of coping tools (Bockmann & Yu, 2023; Katz, Knight, Mercer, & Skinner, 2020; Preston & Spooner-Lane, 2019). Specifically, mindfulness-based interventions such as DBT were found to foster social-emotional health in students (Berti & Cigala, 2022; Bockmann & Yu, 2023; Georgiou et al., 2021).

Teachers and DBT

Although DBT implementation in schools is fairly new, it offers skills for both students and teachers. Various forms of DBT have been implemented in schools for the improvement of teacher stress and well-being (Shernoff et al., 2022; Yang et al., 2022; Zieher & Armstrong, 2022). For example, studies implemented DBT to teachers in order to redeliver skills, support antiracism efforts, and decrease educator stress (Hastings et al., 2022; Shernoff et al., 2022; Yang et al., 2022). As teachers gain the needed skills to combat stress and support well-being, they become willing to instruct effective mindfulness strategies to their students (Wigelsworth & Quinn, 2020). Such strategies improve both behavior and academic progress (Carr, 2021; Miller et al., 2023).

Educator knowledge of DBT is beneficial for multiple reasons. Most SEL programs are implemented in the general education setting where the majority of students are taught. Teachers can identify behaviors and mental health issues they observe and refer these students for additional support (Marsh & Mathur, 2020). Knowledge of DBT and mental health warning signs can assist early intervention efforts. Additionally, collaborations with mental health professionals and acquiring additional resources within schools can lead to improvements to school climate (Marsh & Mathur, 2020). Such proactive measures to manage stress and emotions support not only students, but also their families and school staff (Flynn et al., 2018).

Many of the studies on DBT in schools discussed the mental health of teachers due to the stress they experience when teaching students with severe behaviors (Cormier et al., 2022; Erickson & Gresham, 2019; Hesham Abdou Ahmed, 2023; Katz, Knight, Mercer, & Skinner, 2020; Kim et al., 2021; Preston & Spooner-Lane, 2019; Shernoff et al., 2022; Williams, 2022). A study by Huk et al. (2019) found a correlation between teacher burnout and disruptive student

behaviors. Huk et al. (2019) found that a lack of supportive resources contributed to teacher attrition. DBT and MBIs may offer such resources.

Teacher burnout leading to attrition is another repeated theme within the literature relating to mental health in schools, especially for special education teachers (Cormier et al., 2022; Huk et al., 2019; Soini et al., 2019). These findings have implications for this study due to the high stress levels experienced by teachers and solutions for effective coping techniques found in mindfulness behavior therapy. A study by Soini et al. (2019) revealed that teacher attrition is a problem worldwide and that special education teachers have an increased risk of burnout and stress due to supporting students with emotional difficulties. Comparable results were found in studies by Hesham Abdou Ahmed (2023), Huk, et al. (2019), and Kim et al. (2021).

To help combat stress in the classroom, teachers can utilize the coping skills in DBT for improved well-being personally, as a study by Holbrook et al. (2022) shows. A study by Yang et al. (2022) trained teachers in DBT to improve their perspective and understanding of others. Teachers are better able to assist students by modeling effective coping strategies and collaborating with counselors or other mental health professionals (Katz, Knight, Mercer, & Skinner, 2020). Studies recommended mindfulness or skills training to proactively address teacher burnout as well as supporting student attainment of SEL strategies (Justo et al., 2018; Kim et al., 2021; Shernoff et al., 2022; Zieher & Armstrong, 2022).

Methodological Considerations

There are four main modules in DBT including mindfulness, emotional regulation, interpersonal effectiveness, and distress tolerance (Linehan, 1993; Miller et al., 2020; Pardo et al., 2020). Variations of these modules are used in both the clinical and school settings. DBT is typically implemented in the school setting through group or individual skills training. These

variations have been previously discussed and include DBT-C for children, DBT-A for adolescents, and comprehensive school-based DBT, consisting of individual counseling, skills groups, in-school coaching, and consultation (Miller et al., 2023).

Most of the studies found on DBT are mixed methods (Burckhardt et al., 2018; Chugani et al., 2022; Gasol et al., 2022; Hastings et al., 2022; Justo et al., 2018; Preston & Spooner-Lane, 2019; Zieher & Armstrong, 2022) and quantitative with pre and post-assessments and self-reporting measures (Chugani et al., 2022; Flynn et al., 2018; Shernoff et al., 2022; Zapolski & Smith, 2017). DBT and mindfulness implementation length varies from eight weeks to one year (Chugani et al., 2022; Day et al., 2022; Ustungdag-Budak, 2019; Zapolski & Smith, 2017). The interventions were delivered at both Tier 1 and Tier 2 levels when implemented in schools (Katz, Mercer, & Skinner, 2020; Syeda & Andrews, 2021), meaning they have been used school-wide with the general population as well as students identified as having an increased need for social-emotional support.

Many of the studies on DBT review the methods, phases, and modules of the program (Bedics, 2020; DeSerisy et al., 2023; Hunnicutt Hollenbaugh & Lenz, 2018; Miller et al., 2023). The skills can be implemented in diverse ways, depending on the needs of the individual or group (Hunnicutt Hollenbaugh & Lenz, 2018). Arlo (2017) studied the effectiveness of group DBT therapy, proving the impact on emotional regulation and impulsivity. SCT discusses how motivation affects behavior, which can be an argument for using DBT's full program of weekly therapy and group skills training along with therapy consultation and phone coaching (Linehan, 1993, as cited in Bedics, 2020). An individual must be motivated to change and implement the skills taught.

DBT is usually implemented individually and in a group setting, but skills groups in schools have limitations. Some research has been conducted on stand-alone group DBT, which is more feasible for schools to implement, as more students can be reached in groups. Group therapy typically occurs weekly and addresses priority skills targeting emotional dysregulation and covers components from the four main modules (DeSerisy et al., 2023). Due to the rise in mental health needs and increased training in schools, group therapy can address behavior and mental health while impacting learning and academics (Miller et al., 2023). Burckhardt et al. (2018) states that much research has looked at the efficacy of DBT skills groups and found it effective for depression and attention difficulties. Other research shows that skills groups are the most effective method for creating change in clients (Neacsiu et al., 2010, as cited in Burckhardt et al., 2018).

Outside of schools, DBT groups fostered improvement in a variety of skills faster than other group therapy (Neacsui et al., 2014, as cited in Shareh & Yazdanian, 2023). Studies conducted by Shareh and Yazdanian (2023) and Poon et al. (2022) show a significant decrease in depression and stress. Likewise, studies on DBT groups in schools show feasibility for improved well-being, stress, and anxiety (Katz, Knight, Mercer, & Skinner, 2020; Shernoff et al., 2022; Üstündağ-Budak et al., 2019; Yang et al., 2022; Zieher & Armstrong, 2022).

Challenges of DBT Implementation in Schools

Limitations of many of the studies included within this literature review discuss the variability within DBT components and how the program is delivered (Burckhardt et al., 2018; Chugani et al., 2022; Harvey et al., 2019; Mazza et al., 2016). For example, DBT was developed to be delivered systematically beginning with mindfulness. The first six months of DBT would focus on learning the strategies, and the second six months would focus on skill use and

generalizing skills to one's environment (Linehan, 2015, as cited in Harvey et al., 2019). Several adaptations of DBT skills delivery have been used with varying populations and in varying environments, so methodological variability in results is inevitable.

Mental health programs in schools, in general, are limited by methodology (Harvey et al., 2019; Singer et al., 2019). Many types of SEL programs exist, and administrators have their choice of interventions based on individual school needs. Schools face barriers when adapting programs for diverse populations and must consider economic and cultural issues (Martinez et al., 2022; Shernoff et al., 2022). Other challenges when implementing mindfulness behavior therapies are barriers of patient dropout rates, implementation time, financial constraints when training educators, and concept understanding of abstract concepts (DeSerisy et al., 2023; Harvey et al., 2019; Singer et al., 2019; Soler et al., 2022). Research recommends overcoming implementation challenges by training educators to teach strategies within the support interventions of schools (Marsh & Mathur, 2020; Singer et al., 2019) and combining universal SEL programs with targeted supports such as MBIs (Hosan et al., 2022). Another key to overcoming SEL intervention challenges is to proactively support student overall well-being including behavioral, social, and emotional functioning through the tiered support system of interventions (Mazza et al., 2016; Singer et al., 2019). Proactive measures assist schools in overcoming the "waiting to fail" methods of intervention (Mazza et al., 2016).

Summary

Based on the current literature, it is clear that DBT has traditionally been conducted in private settings for individuals who struggled to respond to other therapy methods (Chugani et al., 2022; Malivoire, 2020; Neacsiu et al., 2010). Due to the focus on emotional regulation and interpersonal skills, DBT was adapted for adolescents and children (Cook & Gorraiz, 2016;

Flynn et al., 2018; Mazza et al., 2016). The rise in mental health concerns led educators to apply

DBT and other MBIs as a SEL tool to further support students who struggle with a variety of

emotional issues (Bedics, 2020; Day et al., 2022; DeSerisy et al., 2023; Kothgassner et al.,

2021). Research on DBT use in schools, especially within the United States is limited (Zapolski

& Smith, 2017), although mindfulness-based interventions in schools are on the rise with a

plethora of studies (Hosan et al., 2022; Phan et al., 2022; Wigelsworth & Quinn, 2020). Research

also shows that DBT can be effective for both adolescents and adults including students and

teachers (Cook & Gorraiz, 2016; Day et al., 2022; Doorn et al., 2020; Flynn et al., 2018;

Lakeman et al., 2022; Yang et al., 2022). Research shows that mental health concerns are on the

rise and schools are ideal settings for supporting student well-being. What is unclear is the use of

DBT or mindfulness-based instruction in schools regarding special education students who

display problem behaviors. The theoretical framework of SCT is applied to the review of these

current studies, providing context for behavior development and acquisition of coping skills

(Bandura, 2002; Green et al., 2022; Harris & McDade, 2018). Through understanding how

special education teachers experience DBT's mindfulness coping skills, how the intervention is

utilized can be better understood as an intervention for improved mental health in youth as well

as improved well-being for educators.

CHAPTER THREE: METHODS

Overview

The purpose of this transcendental phenomenological study was to describe special education teachers' experiences of dialectical behavior therapy. This study gained insights into the lived experiences of these educators in ways that could improve the delivery of this intervention in classrooms serving students with severe behaviors. This chapter outlines the methods of the study. It includes information on the research design, research questions, setting, participants, the researcher positionality, procedures, and data collection methods and analysis for this phenomenological study.

Research Design

A qualitative approach was appropriate for this study due to the combination of experiences and behaviors being explored to describe the topic of DBT in special education behavior classrooms (Leko et al., 2021). A qualitative design allows for studying the varying experiences of the participants, which led to a greater understanding of the intervention (Moustakas, 1994). The rarity of the intervention and limited sample size lends itself to qualitative data methods. Qualitative methodology involves an interpretive approach (Denzin & Lincoln, 2011, as cited in Creswell & Poth, 2018) necessary for understanding teacher perspectives of DBT. DBT involves many social-cognitive and behavioral components, making it a difficult intervention to be measured or understood in various settings (Carmel et al., 2014). Therefore, understanding this intervention requires a naturalistic approach (Moustakas, 1994). A qualitative design allows for the discovery of nuances in interactions, which can lead to revealing challenges and benefits of the intervention's impact on behaviors (Creswell & Poth, 2018). In

summation, a qualitative approach to this study assisted with an improving understanding of the delivery of DBT in schools as well as contributed to needed research on this topic.

A phenomenology was appropriate for this study due to the purpose of describing the combined experience of DBT for special education teachers (Moustakas, 1994). Phenomenology derives meaning from the lived experience of the phenomenon (Moustakas, 1994). Finding the common meaning within experiences allows for an objective understanding of the phenomenon (Moustakas, 1994). To improve the practice of DBT skills delivery in special education classrooms, the subjective meanings often attached to experiences are uncovered with phenomenological research, thus leading to a richer understanding of the impact of the intervention. Some qualitative studies have been conducted in the clinical setting on the lived experiences of participants of DBT, highlighting the program's positive impact (Gillespie et al., 2022; Pardo et al., 2020). In contrast, research on DBT in clinical settings shows both positive and negative results depending on the targeted diagnosis, delivery method, and time spent with the treatment (Chen et al., 2021). A phenomenological study, by revealing themes of combined experiences, not only removes the subjectivity of extreme results of positive or negative experiences but also share more common or overall impacts of the experience. Phenomenology involves close collaboration with participants, allowing a feeling of empowerment and contribution to making positive changes for students with behaviors (Leko et al., 2021). Overall, a phenomenological study fits the topic of DBT in special education classrooms by offering a collaborative and emotional aspect, giving context to the intention of the intervention.

A transcendental phenomenology was appropriate for this study due to the lack of researcher experience teaching students with severe behaviors. This study has more of a focus on the descriptions of participant experiences instead of the researcher's interpretations of

participant experiences (Moustakas, 1994). A transcendental approach was applied to this study by reporting the described structure of the educator experience with DBT. A transcendental approach allowed for a detailed analysis of the phenomenon of DBT skills delivery within schools including how students use the skills, potential improvement of emotional regulation, benefits to teachers' well-being, and other themes that emerged from the data. By gathering data into themes following analysis steps recommended by Moustakas (1994), the transcendental phenomenological method allowed for a greater understanding of how DBT is delivered to groups of special education students.

To improve DBT skills delivery for special education students in schools, it is imperative to gain an understanding of the teachers' experience of the behavior therapy, as they observe and attempt to modify problem behaviors. In the clinical setting, individuals wishing to receive DBT have committed to improving their lives (Linehan, 1993). Children and adolescents who receive behavior interventions in school do not have the option of choosing and committing to making changes. A study of special education teacher experience of DBT in schools through a qualitative transcendental phenomenology led to a better understanding of this intervention and how it impacts individuals in the classroom.

Historically, transcendental phenomenology is a research approach developed by the German philosopher Edmund Husserl (Moustakas, 1994). Moustakas (1994) describes phenomenological research as the lived experience of participants where meaning is derived from the interpreted phenomenon and writes that Husserl describes phenomenology as a science that explains what actually is. In stating the origins of phenomenological research, Creswell and Poth (2018) share that it is common in educational studies. Moustakas (1994) extensively describes phenomenological reduction, which is the suspension of preconceived thoughts and

notions by the researcher. Additional key concepts in phenomenology include intentionality and epoché. To understand the concept of intentionality, Moustakas (1994) describes a separation between what is perceived and one's perception of perceiving. Like phenomenological reduction, epoché is described by Moustakas (1994) with Husserl's description as freedom from suppositions.

The key concepts of phenomenology are inherent in this study as I gathered individual perceptions and gained insight into the lived experiences of participants (Moustakas, 1994). The phenomenon being studied, DBT skills delivery within schools, is a social-emotional intervention to support the increasing mental health issues impacting today's youth (Mazza et al., 2016). Qualitative methods are ideal for determining what factors influence and benefit mental health (Pardo et al., 2020), and specifically, a transcendental phenomenology gave needed insights into behavior skills used in special education behavior classrooms.

Research Questions

This qualitative study examined the phenomenon of the DBT experience within special education classrooms for students with severe behaviors. The research questions were derived from the theoretical framework of SCT and look at how individuals understand and perceive new behaviors. The use of DBT skills for special education behavior classrooms was studied with the following research questions.

Central Research Question

What are the lived experiences of special education teachers with dialectical behavior therapy at a suburban school district in the Southeast United States?

Sub-Question One

How do special education teachers perceive that DBT influences student behavior?

Sub-Question Two

What are the DBT skills that special education teachers perceive as most critical in their classrooms?

Sub-Question Three

How do special education teachers perceive their well-being after personally implementing DBT skills?

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Setting and Participants

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The study took place in a large, suburban school district in the Southeast United States with approximately forty different schools serving PreK through twelfth grade. All participants were special education teachers in classrooms for students with severe behaviors. Participants included in this study taught students in varying grade levels: elementary, middle, and high school. The varying grade levels included assisted in collecting a range of teacher perceptions of different age groups. As proposed in SCT, environments influence behavior (Bandura, 2002), so including a variety of school environments assisted in applying this study's results to the theoretical framework.

Setting

The setting for this study included multiple special education classrooms within ten different schools, which are part of a large suburban public school district in the Southeast United States. This setting was chosen due to the district's decision to provide DBT as an additional intervention for classrooms of students with severe behaviors. According to the state department of education's website, as one of the largest school districts in the state, this setting had the highest graduation rate and test scores out of all similar-sized school systems. The district's organizational structure was similar to other school districts of this size. It is led by a

superintendent, associate superintendent, and directors of special programs including special education. The special education department is the largest department in the school system and includes specific support staff assigned to each school. For example, special education support staff includes student advocate specialists, school social workers, board certified behavior analysists, special education facilitators, school psychologists, and additional program area coaches to support teachers and school administration. The range of support staff, along with the dedication to adding behavior therapy for its students, demonstrated the high level of support for special education students, which comprise 15% of the overall student population. Less than one percent of the student population is served in specialized classrooms for behavior. This population is relevant to this study because participants are teachers of such classrooms, and DBT is an intervention used with students with problem behaviors.

Participants

Participants in this study were K-12 special education teachers of students with severe behaviors. Students with severe behaviors include significant behavioral challenges of aggression, emotional dysregulation, and non-compliance so intense that the typical educational setting is disrupted, causing the students to be taught in smaller, special education classrooms. The participants taught a small number of students in specialized classrooms, sometimes referred to as self-contained. Teachers were selected due to their experience receiving DBT in their classrooms and working with students with severe behaviors. Participants had at least one year of experience in special education.

The sample was chosen from the special education teachers who implement DBT, which was 12 participants based on data saturation and results shared by Guest et al. (2020). Creswell and Poth (2018) share different recommendations of sample size for phenomenological studies

with a wide range, yet state that collecting data primarily involves up to 10 participants, so this study began with this amount. The appropriate number of participants was known once data reached saturation, meaning no new themes were discovered from additional participants (Creswell & Poth, 2018). More than 10 and less than 16 are the number of interviews required to arrive at saturation (Guest et al., 2020). The saturation of data determines the number of participants in qualitative studies and is a factor of rigor (Guest et al., 2020).

Recruitment Plan

Purposive sampling was utilized in this study; participants were selected intentionally based on their special education and DBT experience. Recruitment occurred during visits to special education classrooms where I support coping skill use through mindfulness and DBT group skills. Researcher and potential participant relationship had been established due to my support role. A follow up email with details for the study occurred following the offer to participate. Demographic details were gathered during recruitment to ensure participants met criteria for participation. Purposive sampling is often used in qualitative research to ensure that the participants in the study are experienced or have the qualifications that allow results that reflect the lived experience (Creswell & Poth, 2018). The school district identified for this study was chosen due to its use of DBT in schools for students with severe behaviors. The sample pool, or total number of individuals who qualify for participation from the chosen site, is 45. Forty-five is the number of special education teachers who receive and implement DBT skills instruction in their classrooms. Criterion sampling was used due to the experience the teachers have with student behaviors (Creswell & Poth, 2018). Participant details were collected upon agreement. A consent form, similar to that suggested by Creswell and Poth (2018), as used for participant permissions and is located in Appendix A.

Researcher's Positionality

By studying the research on mindfulness and behavior therapies, I can make connections between the theoretical framework of SCT and my research paradigm of social constructivism. Bandura (2002) outlines his views on social-emotional development, including how one's environment influences behavior and thinking. Similarly, the interpretive framework of social constructivism includes subjectivity due to one's social influences (Creswell & Poth, 2018). My approach is social constructivism because I see the negative influence of severe behaviors on students and teachers. By studying multiple individuals' interpretations of DBT in schools, I hope to gain a better understanding of mental health support for a student population that struggles greatly.

Interpretive Framework

The interpretive framework for this study is social constructivism. Understanding behavior and the meanings of experiences provide a lens through which I view my study. According to the social constructivist framework, meanings are subjective due to the many different experiences that individuals interpret from their social environment (Creswell & Poth, 2018). Social constructivism will help clarify the subjective interpretations of mindfulness and behavior therapy. Due to my experience as a special education teacher, I understand the impact that a teacher can have on young people. The interactions teachers have with students can be powerful with the potential to influence their thinking and behavior. Classroom interactions are an example of how one's understanding of the world is constructed through social interactions. The social constructivism framework also guides my understanding that participants create different meanings of an experience, as do their students. How an individual gains knowledge is created by him or her, as is one's perception of an experience (Creswell & Poth, 2018). The

social constructivism research paradigm assists me to rely on the participants' interpretation of DBT as an intervention, allowing me to reframe any assumptions I hold about the benefits or limitations of the therapy. My goal with the social constructivist framework is to understand the world (Creswell & Poth, 2018), and because I seek to understand student behaviors and solutions for improved mental health in today's society, social constructivism is appropriate as an interpretive framework for this study.

Philosophical Assumptions

As a teacher and researcher in special education, I bring unique experiences, background, and a subjective reality into the study. My philosophical assumptions are described below to assist the reader in understanding my approach to the study. My goal is that the assumptions I share may add to the integrity of my research and not influence results or cause unintended harm to the participants. As a special educator, I value improving society by assisting young people who struggle to overcome a disability. Helping others is my reason for conducting a qualitative study, which can shed light on how an intervention such as DBT is adapted and implemented for the special education population (Leko et al., 2021).

Ontological Assumption

As Creswell and Poth (2018) write, ontological beliefs involve the nature of reality. The social constructivism framework includes an understanding of many realities being created through many interactions and experiences (Creswell & Poth, 2018). Similarly, Leko et al. (2021) share that due to the nature of qualitative research, there is no one true reality, and it is up to the researcher to accurately portray the realities shared by participants. As a Christian, I can accept this understanding without judgment, knowing that there is one truth, which belongs to God. Multiple individual realities within the truth of God is the duality in the nature of reality.

Truly, nothing is separate from God. Human thinking is less than perfect, yet individuals will continue to experience situations differently due to unique social and cultural influences.

Epistemological Assumption

The epistemological assumption in the social constructivism framework is that reality is created collaboratively by the researcher and participants and is based on the experiences of the participants (Creswell & Poth, 2018). In this transcendental phenomenological study, results explain the shared experiences of DBT in special education classrooms. Due to researcher reflexivity, results were reported as experienced by the participants. As the researcher, I also have an experience of the shared reality and gathered the knowledge of multiple participants. Social constructivism includes subjectivity and combining the knowledge of several individuals helps to limit this, thus getting closer to the truth of reality.

Axiological Assumption

Axiological assumptions pertinent to this study must be shared due to the potential impact on the research process. Within the social constructivism framework, axiological beliefs are honoring the values of individuals (Creswell & Poth, 2018). Values that impacted this study include honoring participants' voices, ethical considerations, and collaboration with others. I value my characteristic of being a good listener, and this impacted my interactions with participants. I value the perspectives and experiences of participants and represent these respectfully during this study. Respecting participant's perspectives is similar to integrity in ethics. Throughout my research, I honor participant data and prioritize participant confidentiality and welfare, maintaining ethical integrity. Additionally, my educator background influences my value of collaboration with others for effective action. I must pay particular attention to this axiological assumption due to the impact it may have on the study. Collaboration with peers has

become second nature to me, so I had to find a balance between being an involved human instrument and remaining neutral and somewhat detached from participant data through bracketing. Awareness of these values assisted in describing accurate results of the truth of participants' experiences.

Researcher's Role

Qualitative studies such as this require the researcher to take an active and significant role in the research process. As the human instrument in this research design, I consistently engaged with the participants following rapport establishment (Leko et al., 2021). In explaining the empirical phenomenological approach, Moustakas (1994) discusses the involved role of the researcher as an active participant who cannot help but bring their own perspectives and experiences to the research process. Due to potential biases from past experiences, bracketing was used to minimize preconceptions, which allowed accurate descriptions of participant experiences and ensure the validity of results (Moustakas, 1994). Following bracketing, I was responsible for the data collection including describing survey responses, conducting interviews, and sharing artifacts to better understand participants' experiences with DBT. I visited the participants' classrooms multiple times throughout the study both during instruction and non-instruction time to support positive student behaviors, as my role entails. I engaged with participants openly using active listening skills and making efforts to observe potential bias. Epoché was especially important during data analysis when I coded and organized themes from the data. My training and instruction with DBT gave me knowledge of the skills and unique insights which could cause me to bring certain assumptions into the study. It was my responsibility to maintain validity and truth in the results, so bracketing was essential. I

endeavored to remain neutral with the participants and maintained ethical considerations while acknowledging researcher reflexivity.

Procedures

This section outlines the steps for the study. It includes gaining site permissions and participant recruitment. Site permissions were gained by completing a request form through the school system chosen for this study. Participants were recruited through emailing a description of the study along with the participant consent form. Following IRB approval and receiving site permissions, data collection methods began. Data collection included an online survey, individual semi-structured interviews, and physical artifacts that represented participants' experience of DBT. Following the three data collection methods, data analysis was achieved through epoché, phenomenological reduction, and textural/structural descriptions. The data was reviewed several times, and significant statements were coded. The codes were condensed into themes. Finally, the themes were grouped to arrive at the representation of the lived experiences of participants. Data triangulation was achieved through using multiple data sources, which allowed for in-depth investigation (Leko et al., 2021).

Data Collection Plan

Three data collection methods were utilized in this study to establish clear themes within the phenomenon of behavior therapy in special education classrooms. Insight from multiple realities were needed to arrive at the essence of the experience (Creswell & Poth, 2018). The essence of the experience was gathered through triangulation of data from surveys, interviews, and artifacts.

Surveys

The first method of data collection was survey using Google Forms. Due to the potential of DBT to assist severe behaviors, the following survey questions established a basis for the focus of this research: special education teachers' experience of DBT. As DBT in schools grows, it is important to share the teacher's experience of such specific behavior therapy tools. Research by Leko et al. (2021) share how surveys can gather descriptive responses in special education research. Hence, survey questions were open responses and elicited insightful data from the participants. This data assisted in understanding if teachers take ownership of DBT as a behavior intervention as well as shed light on the connection between student and teacher perceptions of the intervention as it relates to the theoretical framework. Additionally, the answers to the survey questions assisted in refining interview questions and set the stage for interviews by adding to data for research sub-question one on how DBT skills shape behavior.

Survey questions were based on other questions used in studies on DBT in schools (Burckhardt et al., 2018; Chu et al., 2015; Chugani et al., 2022). Chugani et al. (2022) report that the survey measures used in their study were validated scales of acceptability and feasibility as shown by Weiner et al. (2017). Additionally, Chugani et al. (2022) wrote that the scales used had structural validity and demonstrated reliability through test-retest methods. Contrary to these researchers' mixed methods design, this study adapted the qualitative survey questions aimed at teachers. The following were survey questions used.

Table 1

Survey Questions

1. How valuable do you find DBT skills delivery?

2. In your experience, how important is it for individuals to learn mindfulness and behavior therapy skills?

3. Which skills for emotional regulation have you incorporated into your social skills curriculum?

4. How often do you use the skills in your teaching?

5. Which skills have you found to be most helpful for you personally or for your students?

Question one hoped to discover insight into the teacher's perspective of their students' disabilities and behaviors, which was done using a Likert scale. Clarity in understanding teachers' perspectives of student behavior reflects the theoretical framework of this study. Likewise, question two was based on the theoretical framework and provides insight into how teachers perceive the severity of problem behaviors and the use of effective behaviors. Although incorporating behavior therapy such as DBT in schools is rare, it offers specific tools to assist students and teachers, relating to behavior acquisition or behavior modification. Question three looked at teachers' perspectives of the need for emotional regulation skills and if behavior strategies were being utilized in the classroom. Research by Katz, Mercer, and Skinner (2020) states that a few schools have begun to implement DBT for its potential to improve emotional well-being. Hence, question four was asked due to the likelihood of teachers modeling the skills, which is important for student use of the skills and potential shifts in behavior and extends from the theoretical framework. Multiple studies show that teachers experience high levels of stress and that the tools included in DBT or mindfulness influence their ability to manage stress more effectively (Kim et al., 2021; Preston & Spooner-Lane, 2019; Shernoff et al., 2022; Wigelsworth & Quinn, 2020; Zieher & Armstrong, 2022). Compound teacher stress with special education demands and students with severe behavior problems, and one can see how behavior therapy skills can assist teacher well-being and behavior as well. This speaks to the importance of including the final question in the survey on personal skill use by teachers. The more regulated

and calm teachers are, the more likely students will experience emotional regulation (Lemberger-Truelove et al., 2023).

Individual Interviews

Creswell and Poth (2018) define interviews as interaction through conversation. These authors add that Brinkmann and Kvale (2015) include that knowledge is gained through this interaction (Creswell & Poth, 2018). The purpose of in-depth interviews, to "describe the meaning of the phenomenon" being studied (Creswell & Poth, 2018, p. 161). In this study, interviews were conducted one on one, and, as Moustakas (1994) shares, interviews are an "interactive process" (p. 114). As in other phenomenological studies, the interview is an important data collection tool that prioritizes quality of details over quantity (Leko et al., 2021). Here, interviews served the purpose of understanding how special education teachers view behavior therapy by sharing how they and their students respond. Interviewing teachers to gain knowledge of their point of view assisted in identifying themes that may lead to improving the practice of skill delivery for students with behaviors. Interviews allowed for open-ended responses and honesty in the teachers' perspective. For this study, interviews took place in person in the participants' classrooms during a time of non-instruction and lasted approximately forty-five minutes. Data was recorded using a voice recording app by mobile phone for the purpose of transcribing later into a document.

Table 2

Individual Interview Questions

1. Please describe your experience of DBT skills delivery and implementation in your classroom. CRQ

2. Describe any challenging behaviors you've experienced that DBT may help address. SQ1

3. Describe an experience you've had with DBT that stands out. SQ1

4. What have you found to be effective about DBT skills delivery? SQ1

5. What else would you like to add to our discussion of DBT in addressing behaviors that we haven't discussed? SQ1

6. How have the DBT program components been adapted to meet the needs of your students? SQ2

7. Which skills or program components of DBT have you implemented the most often or most successfully? SQ2

8. Which aspects of behavior therapy do you feel need to shift to better meet the needs of your students? SQ2

9. What else would you like to add to our discussion of DBT as a social skills program that we haven't discussed? SQ2

10. Describe any components of DBT that have affected you personally. SQ3

11. How has DBT helped you as a special education teacher? SQ3

12. In terms of your classroom and everyday practices, where have you seen DBT have the greatest impact? SQ3

13. What else would you like to add to our discussion of your personal experiences with DBT? SQ3

The central research question speaks to the purpose of this study: describing special education teacher experiences of dialectical behavior therapy. Understanding teacher perceptions and experiences of DBT show how the skills influence the behavior of special education teachers

and students. The first four questions address sub-question one, which sought to gather teacher experiences of DBT concerning the behaviors of students in the classroom as well as establishing rapport. Specifically, the last interview question in this sub-question group relates to the theoretical framework of the study because it is important to understand how behaviors are shaped and modified. Additionally, these questions sought to establish a connection between DBT as an intervention and other social-emotional strategies teachers may have used to address student behavior. Questions 6 – 9 address sub-question two, which sought to assess the use of coping skills taught in DBT. These questions summarize the DBT Ways of Coping Checklist, which is used in other research on DBT in schools (Hastings et al., 2022). Some of the interview questions were adapted from other studies evaluating the effectiveness of DBT in schools or a clinical setting (Zieher & Armstrong, 2022), and some relate directly to the phenomenon being studied here. Shernoff et al. (2022) studied teacher use of DBT due to the daily stressors of teaching. Such research shared by Shernoff et al. (2022) and Hastings et al. (2022) justifies sub-question three and corresponding interview questions, which aimed to complete the picture of teacher experience with DBT.

Physical Artifacts

For the third method of data collection, participants were asked to share a physical artifact that represents their experience of DBT. According to Creswell and Poth (2018), artifacts are created from audio and visual methods. The use of artifacts in this study was meant to share the perspective of the participants by contextualizing their experience and providing insight into the emotional experience of DBT in their classrooms that may be difficult to put into words. Data gathered through this representation gave insight into how participants define themselves in relation to their experience of DBT, bringing the abstract notion of self-concept into a cognitive

representation. A physical representation can play an important role in sharing significant features of participants' sense of self (Piredda, 2020). Artifacts served as a tangible method to connect with the participant's experience of the phenomenon as well as gave insight into the regular behaviors of participants. This final method of data collection also allowed for another opportunity of interaction with participants.

Providing participants with examples of an effective artifact assisted with accurate data collection (Piredda, 2020). Artifacts reflect the theoretical framework of this study by shedding light on how the participants' environments influence their behavior choices and coping methods. By sharing a physical representation of how one manages behavior, artifacts show how items in one's environment can influence choices. Specifically, a worry stone that a teacher carries in his or her pocket which was given by a therapist may represent one's past and former inability to cope effectively before seeking professional guidance. Another example of an effective artifact could be soothing music that helps the participant unwind following a busy day in the classroom. In an article on effective artifacts, Piredda (2020) shares that Linus' blanket represents how the character is comforted through self-soothing, which is a skill taught in DBT. Such examples may help participants contextualize meaning from their experience of DBT.

Data Analysis

Phenomenological research seeks to capture a human's experience (Aguas, 2022), so it is important to report the collected data in an accurate way that reports the lived experience. Moustakas' (1994) method of data analysis guides the data analysis for this study. The method organizes collected data into themes in a specific and organized way through epoché, phenomenological reduction, and textural/structural descriptions.

Creswell and Poth (2018) suggest describing the personal details from surveys and interviews with epoché as phenomenological research requires. There is a process to epoché, which is seeing the world as if for the first time by taking part in a course of suspension (Moustakas, 1994). Moustakas (1994) describes epoché as a way of doubting the world, or, at least, doubting the biases one may possess in interpreting the world. It is putting away preconceived thoughts and predispositions with an open-minded mentality. The interactive process of interviews allows participants to share a personal experience of the phenomenon being studied with open-ended questions (Moustakas, 1994). In this way, data was gathered specifically in participants' words.

Utilizing epoché in phenomenological studies allows the researcher to approach learning with an open consciousness. With epoché, the written responses can be analyzed using the method of phenomenological reduction described by Moustakas (1994). To begin the analysis process, interviews were transcribed exactly from the recordings. Once transcribed, member checks verified interview information. Member checks were conducted by email before the second participant interaction when artifacts were collected and described. Participants were able to provide corrections and feedback to strengthen data from information shared. Survey questions were open-ended, and responses were already transcribed by participants.

The data analysis process continued by compiling statements that stand out, eliminating items that do not describe the experience, grouping items into themes, using structural descriptions to explain how the experience occurs, and finally combining both the textural and structural descriptions to analyze the group experience (Creswell & Poth, 2018; Moustakas, 1994). As the first method of data collection, survey responses were used to develop the initial themes of the study using coding. Following Moustakas' (1994) method for data analysis, the

coded themes described the participants' experience of DBT in their special education classrooms.

Following Moustakas' (1994) recommendations for the analysis of interviews, each statement was scrutinized for codes that were listed or matched with coded sub-themes from surveys. Then, codes and sub-themes began to be grouped. Such clustered themes represent the heart of the experience (Moustakas, 1994). Next, textural descriptions were constructed using statements from the transcriptions (Moustakas, 1994). Last, structural descriptions were created from the interview data. Each participant had combined textural-structural descriptions of the information shared using codes and sub-themes extracted from the data. Similarities in these descriptions were used to analyze the experiences of the participants as a group (Moustakas, 1994) and reach further toward achieving the purpose of this research.

Similar to the analysis plan for surveys and interviews, the data analysis plan for artifacts used the process for coding outlined by Moustakas (1994). Participants were asked to bring their artifacts to a second meeting to share and describe, following feedback from transcribed interviews. Artifacts provided a more comprehensive understanding of the phenomenon and helped to validate the participants' descriptions of their experiences. During the data analysis process, significant statements from the description of the artifacts by participants were grouped into units and added to the textural and structural descriptions. This step added depth to the descriptions of participants' experiences. This method of data collection helped to ensure the reliability of themes discovered from previous data collection methods and assisted with member checking.

The final step of data analysis was the synthesis of information. Following the textural-structural synthesis (Moustakas, 1994), the researcher can arrive at the purpose of the research,

which is the understanding of the experiences. For data synthesis, the sub-themes discovered through surveys, interviews, and artifacts were organized into groups, generating a single set of themes. The information is integrated this way to describe the participants' experiences as a whole (Moustakas, 1994). After organizing the data, condensing the combined codes, and reducing these into themes, the data was represented in the form of a table.

The data collection methods used in this transcendental phenomenological study were appropriate due to the insights that participants provided of their experiences inside their special education classrooms. Interviews, along with surveys and artifacts, allowed for a detailed analysis of the phenomenon of behavior therapy in schools. This research design allowed for, as Moustakas (1994) emphasizes, engaging in a meaningful, flexible dialogue with participants to accurately report their lived experiences.

<div align="center">**Trustworthiness**</div>

Creswell and Poth (2018) extensively discuss validation perspectives and strategies for establishing trustworthiness in qualitative research. Validation and rigor in qualitative research are needed as the value of these studies grows (Nowell et al., 2017). Validation strategies are needed to prove a study's accuracy (Leko et al., 2021) so that the results are meaningful and valuable. To guide the reader in determining the validity of results, Lincoln and Guba (1985) recommend a framework for establishing trustworthiness by evaluating the criteria of credibility, transferability, dependability, and confirmability. This section outlines this study's methods for establishing trustworthiness using this framework along with the proposed and well-established research methods for phenomenological research as suggested by Moustakas (1994).

Credibility

Credibility in qualitative research is needed for evaluating if the study reflects reality (Shenton, 2004). Leko et al. (2021) promote credibility in qualitative studies and share that if a discussion on credibility is not included, the results lack confidence and rigor. They share considerations for evaluating credibility in a checklist. This study meets those criteria, and details are shared below. This study's credibility was achieved using prolonged engagement, triangulation, and member checking. Using these methods, confidence in truthfulness can be determined (Lincoln & Guba, 1985).

Prolonged Engagement

Lincoln and Guba (1985) recommend prolonged engagement between the researcher and participants, and in this study, the researcher took the time to establish a relationship with participants before collecting data. Korstjens and Moser (2018) define prolonged engagement as an investment of time sufficient to build trust and gain familiarity with the setting and participants. Efforts to establish rapport took place for several weeks before data collection began. I made several visits to the special education classrooms and conversed with the participants to build a trusting relationship.

Triangulation

Triangulation of data collection techniques were employed which, according to Shenton (2004), is another key criterion for establishing credibility. Triangulation adds to credibility in research due to the multiple approaches in data collection. Multiple data sources allow for in-depth investigation (Leko et al., 2021). This study utilized interviews, surveys, and artifacts to achieve triangulation of data.

Member Checking

Member checking is another strategy that was used to establish credibility. This technique involves openness in data by sharing it with participants (Korstjens & Moser, 2018). I shared interview transcripts with participants to elicit feedback and gain clarification. Participants had an opportunity to correct any potential interpretation nuances. Shenton (2004) cites literature to recommend using member checking to verify emerging themes and assumptions by the researcher, which took place during the data collection process. Member checking data results is beneficial and adds to credibility due to the ability to strengthen the data (Korstjens & Moser, 2018).

Transferability

Transferability is necessary for applying a study's results to other settings and contexts (Lincoln & Guba, 1985). Although the results of a qualitative study such as this are specific to the participants and settings involved, Erlandson (1993) discusses the need to provide rich, thorough descriptions of research processes to assist with transferability. Creswell and Poth (2018) recommend adding contextual details to assist readers with transferability. This study describes in detail the experiences of DBT shared by special education teachers. Since this study includes participants in elementary, middle, and high school settings, transferability is possible. Other researchers can apply results from this study to the age group included in their study. The thorough descriptions and variety of settings within schools hoped to establish applying perspectives in additional settings and contexts.

Dependability

Researchers can achieve dependability in their studies by describing the research process in detail (Shenton, 2004). Although it is difficult in qualitative studies to achieve repeated results, dependability in a study ensures that results are consistent and similar (Lincoln & Guba,

1985). This study includes a thorough review of the process and procedures to establish dependability, allowing for replication of the study with other populations. Procedures are thoroughly described in the methods section and were reviewed by the dissertation chair, committee, and research director.

Confirmability

Confirmability centers around the researcher remaining objective and neutral with the research findings (Lincoln & Guba, 1985; Shenton, 2004). To achieve confirmability, this study includes researcher reflexivity, triangulation, and audit trails. For reflexivity, bracketing and peer debriefing were used to ensure that the experiences of the participants were accurately reported. Triangulation of data collection methods also assisted in assuring that the study remained free from potential researcher opinion. Finally, including the process of an audit trail demonstrates to readers each decision during the research process to verify steps made by the researcher and any emerging themes in the data. Audit trails document evidence for the decisions made in the study and allow other researchers to follow (Nowell et al., 2017). These methods should ensure that the study remains free from researcher assumptions and bias.

Ethical Considerations

This study applied ethical principles by performing the actions required by Liberty University and recommendations for qualitative research. Permission to perform the study and ethical approval were acquired by the IRB at Liberty University before data collection occurred. Such considerations were necessary for ensuring participant well-being and the rigor of the study. The following considerations took place to ensure research integrity.

Permissions

Permission to conduct this study was requested from the Superintendent and Special Education Director of the school district. Following permissions, IRB approval was applied for. Copies of permission from the school district can be provided upon request. Approval from the IRB can be found in Appendix B.

Other Participant Protections

Participation in the study was completely voluntary. Prior to data collection, participants received an explanation of the study's purpose and process including any potential risks. Participants had the opportunity to ask clarifying questions about the study and their involvement. Informed consent was given with the option to withdraw from the study at any time. Confidentiality of participants including any distinguishing characteristics of their classrooms, students, and schools was maintained throughout the study. Permission to conduct research on multiple school campuses was obtained by the superintendent and special education director.

Rapport was established with prolonged engagement, and efforts were made to create a supportive and understanding environment during interviews and other interactions with participants. Although I work to support participants applying the mental health strategies from DBT for their students, I am in no way their supervisor, nor do I assist in evaluating them in any way. To ensure confidentiality, data was securely stored. Electronic data was stored in a password-protected file on the researcher's personal drive. Physical data such as printed notes or memos were kept in a locked file when not in use. All data will be kept following dissertation publication for the purpose of future studies. Potential risks to participants were not foreseen, and any issues that arose during the course of the study were addressed appropriately with consideration to ethical standards.

Summary

This chapter addressed the proposed research design and research questions reflecting the theoretical framework and purpose of the study, which is to describe special education teachers' experiences of dialectical behavior therapy. A transcendental phenomenology was chosen to describe the experiences of DBT for special education teachers, which offers insights into how educators influence student behaviors and support mental health. Data collection methods began with surveys. Then, in person, semi-structured, interviews took place. Following transcription of participant responses, member checking verified information. Data collection concluded with personal artifacts. These methods contributed to an accurate and meaningful description of the participants' experiences through triangulation of multiple sources. Data analysis strategies follow methods recommended by Moustakas (1994), a primary source, to allow for study replication. Finally, ethical considerations were given, and efforts of trustworthiness are stated, adding value and validity to the proposed study.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological study is to describe experiences of dialectical behavior therapy (DBT) for special education teachers at a large, suburban school district in the Southeast United States. This qualitative study was conducted in multiple special education classrooms within a large suburban public school district in the Southeast U.S. and included grades K – 12. This chapter includes participant descriptions and data from surveys, semi-structured individual interviews, and artifacts. Data is shared in the form of narrative themes, charts, graphs, tables, and presented by theme. This chapter contains the analysis of the described experiences of twelve participants who are familiar with behavior therapy instruction in their classroom. The data comprises outlier findings and responses to research questions.

Participants

All participants teach students who regularly exhibit challenging behaviors including noncompliance and verbal and physical aggression. Teachers shared their perceptions of DBT skills delivery and its impact on their students and themselves. Due to the high level of attrition rates among special education teachers, participant requirements needed to be altered to reach an adequate number of participants for data saturation. Three participants have not been teaching for at least three years but were receiving DBT instruction for at least two years within their special education behavior classroom as a paraprofessional before becoming teachers. Twenty-three teachers were asked to participate, and twelve agreed. Below is a summary of participant descriptions. Participants received a pseudonym for confidentiality.

Anne

Anne is a second-year special education teacher who has served students with behaviors as a paraprofessional for over 20 years. She has been using DBT skills in an Autism classroom for approximately five years. Her middle school students experience a lot of anger, and she shared that learning DBT skills has helped her students use more positive self-talk. In her interview, she shared, "DBT has helped them with controlling their anger and getting in touch with themselves by using the breathing techniques." Personally, she discovered how the skills benefit individuals by learning about the brain, body connection for building confidence. She uses power poses when practicing the skill Opposite Action as well as affirmations for self-encouragement.

Brandon

Brandon has been teaching for 28 years and holds several teaching certificates. He has several years of experience receiving DBT instruction in his special education classroom. His middle school students have frequent conflicts with peers and lack the ability to persevere with schoolwork. He feels that learning about mindfulness and DBT supports his students by giving them, "Some coping skills in how to maybe not take a bad situation and make it really bad. It gives them ideas and helps them start thinking about people that they can actually go to beforehand." In addition to helping his students, Brandon shared that DBT and mindfulness skills have improved his awareness of emotions and has made him a better husband and father.

Charlotte

Charlotte, like Anne, is a second-year teacher who previously worked as a paraprofessional for students with severe behaviors. She has four years of experience with DBT skills in a middle school behavior classroom. Her students tend to experience high levels of emotion dysregulation, and she expressed they have gained empathy for each other since using

DBT skills. To help her students overcome resistance to using skills, she models using coping strategies herself:

> I think it's important to model this... I'll say 'OK, I need to stop and think because I feel myself getting frustrated with your behavior. And I'm going to step back, take a moment and use a breathing technique to help me manage my emotions before I say something that might get me in trouble because I'm not in a wise mind. I'm in an emotional mind.'

She shared that learning mindful behavior therapy skills created a shift in mindset for her regarding who benefits from using the skills; the skills benefit everyone, not just students with problem behaviors.

Dawson

Dawson has eleven years of teaching experience, four of which are in special education. His high school students with Autism frequently experience anxiety and high levels of stress and they struggle with social interactions. He shared, "Skills are very useful when it comes to different unpleasant emotions that my students face, especially when it comes to stress, anxiety, feeling overwhelmed." Dawson shared that DBT skills help him with difficult situations at work, and thought awareness, positive self-talk, and distraction skills help him stay in the moment at home with his family.

> I was upset and contemplating in my mind, like what could I have done differently or even why is this happening to me or what am I going to do tomorrow, and it's obviously not healthy to be thinking about that. So, distracting myself in a good way, replacing those thoughts with just focusing on my family, focusing on the book I'm reading, or however, else.

This quote demonstrates how he implemented distraction skills for a distressing work situation that lingered in his mind.

Emma

Emma has worked with students with behaviors for eight years. Her experience includes special education high school students with Autism. She uses DBT skills personally to increase her Christian faith, which encourages her to model empathy and acceptance for her students. She shared that skills have had a wonderful impact on her and her students. The DBT skill DEARMAN is implemented frequently in her classroom, and she explained the benefit of this skill as an experience that stands out:

> Being able to negotiate and that goes along with compromising and being empathetic towards others. And understanding, I mean, they really have to kind of stop and really think about the other person and why they are where they're at, and then being able to accept.

Increasing awareness of others is an important concept from mindful behavior therapy for Emma's students.

Finley

Finley has experience as a special education teacher for elementary students with severe behaviors as well as in the general education population. Her students frequently engage in verbal and physical aggression. She feels DBT skills are beneficial and shared that her students are working on making the connection to use skills before they lose control of their emotions. Her students are very young and are still exploring which actions feel safe due the pattern of ineffective actions. Finley shared that using coping skills is difficult for her students, and they resist offered support. Finley elaborated on this resistance by explaining how taking a break or

getting students to use the calm down space isn't easy even though her students have improved with using effective strategies. "They've grown. {A student} was able to have a whole conversation with our assistant principal i, and then she did it." Finley's experience of skill use shed light on the struggle students go through when shifting from ineffective behaviors to choosing coping strategies.

Georgia

Georgia has worked with students with severe behaviors for six years and has experience with multiple DBT skills instructors in her middle school classroom. Regarding skills delivery, she shared, "I think that it really is important to get to know your group and figure out what method of delivery is going to work best with them." Georgia is highly motivated and feels a close connection with students who need support with emotion regulation. She encourages her students to use DBT skills in phases. For example, after students calm down with breathwork, she guides them to implement problem solving strategies to plan for a different response next time. When her students are in crisis, she shared supportive phrases she uses by stating,

> 'Let's go take a break. Remember to calm your body. Open your hands. Take a deep breath,' has helped. Again, not always. These kids are where they are for a reason, but I think it definitely helps knowing those skills and having the, you know, participating in the instruction myself has allowed us to be able to work as a team to pull skills in in those crisis situations.

This quote demonstrates Georgia's familiarity with DBT skills as well as what her students need.

Harriet

Harriet has 18 years of teaching experience and currently supports students with emotional behavior disorders in the elementary setting. Due to her students' young ages, she

often must follow up on DBT skills instruction by simplifying terms, making the concepts more concrete and easier to understand. Even though her students are five, six, or seven, she has seen them take ownership of the skills to improve behavior. She shared her students use DBT and mindfulness skills such as the following, "The breath, the breaks, the recognizing their emotions or checking in, recognizing their emotion, and what they can do in that moment." Harriet elaborated on an example of one of her young students using awareness of emotions and breathwork to stay calm.

> I gave him something to do and he looked at me and said, 'I think I'm going to go over here and take some breaths.' And I said, 'Great job,' and he went and took his breaths, and he got the breathing ball. So, he didn't want to accept the work that was given to him, but he did it. He took his breaths, came back and did it. That's so great.

Her experience of DBT and mindfulness in the special education classroom shows that the skills can be effective for even very young children.

Inez

Inez has been teaching for 14 years and currently works with elementary students with Autism. Her students struggle with regulating and identifying emotions and have struggled with physical aggression in the past. She shared how her students are very uncomfortable admitting they are upset. She explained, "He knows strategies on how to calm himself down, but it's just getting that admittance of how I am feeling and it's OK to be upset or feel anything other than calm." In addition to gaining emotional awareness, Inez explained how DBT and mindfulness skills have assisted her students. Since she has been learning the skills, she can support her students in using coping strategies that work for them. Of this practice, she says,

I feel like a lot of those strategies have helped with my kids with more of the like

aggressive behaviors or more of the explosive behaviors. Just really working on taking

those deep breaths... Before DBT, I would never have really known all of those

strategies.

Unlike many other participants, DBT skills are fairly new to Inez. She shared the effectiveness of

personalizing skills with student interests to help engagement, and since she is seeing the effect

of the skills, she has personally implemented calming strategies for herself and her personal

children.

John

John has 19 years of teaching experience in various grade levels and has had five years of

DBT skills implemented by different instructors in his special education elementary classroom.

His first and second grade students have emotional behavior disorder and experience frequent

noncompliance and emotion dysregulation. He has seen the benefits of DBT skills and

implements strategies successfully for his students and himself. John shared how his students ask

to practice awareness and self-control by playing games from DBT skills: "They pick up on it.

The kids, they say things and are doing things, and we're like, 'Oh, that was from last week or

from a couple of weeks ago.' They do use it."

Kathy

Kathy teaches middle school students with Autism and was a paraprofessional before

becoming a teacher. She has a double master's degree in special education and counseling and

mental health, which gives her valuable insights into DBT skills implementation. She has three

years of experience receiving DBT skills in the special education setting. She shared that her

students have experienced different DBT instructors, which wasn't an easy adjustment, and the

students struggled to understand what DBT is about. She observed that she now understands that DBT is about, "What can I do to be more centered and to be more mindful, stay in the moment, not worry about the future, not worry about the past."

Lydia

Lydia has been teaching students with severe behaviors for four years and has two years of experience receiving DBT skills instruction in the classroom. She supports upper elementary students with Autism, and she has a passion for mindfulness and coping strategies. She is known for her calm demeanor and supportive encouragement. She guides her students to practice coping strategies such as calming breathwork daily. Lydia shared how she uses:

> A lot of these strategies, and I find myself going back after I have said something out of anger in the heat of the moment, I find myself going back and going all right, 'What can I do next time when I'm feeling this, you know and feeling those same things of like how can I better?'

She models DBT skill use and awareness of emotions to normalize effective coping strategies in her classroom.

Table 3

Teacher Participants

| Teacher Participant	Years Taught	Highest Degree Earned	Content Area	Grade Level
Anne	2	Bachelors	Special Education - All Content Areas	7th, 8th
Brandon	28	Masters	Special Education - All Content Areas	6th - 8th
Charlotte	2	Bachelors	Special Education - All Content Areas	6th - 8th
Dawson	11	Bachelors	Special Education - All Content Areas	9th – 12th

Teacher Participant	Years Taught	Highest Degree Earned	Content Area	Grade Level
Emma	8	Masters	Special Education - All Content Areas	$9^{th} - 12^{th}$
Finley	24	Bachelors	Special Education - All Content Areas	K, 1st
Georgia	6	Specialist	Special Education - All Content Areas	$6^{th} - 8^{th}$
Harriet	18	Masters	Special Education - All Content Areas	$K - 2^{nd}$
Inez	14	Masters	Special Education - All Content Areas	$3^{rd} - 5^{th}$
John	19	Masters	Special Education - All Content Areas	1st, 2nd
Kathy	2	Masters	Special Education - All Content Areas	$6^{th} - 8^{th}$
Lydia	4	Masters	Special Education - All Content Areas	$3^{rd} - 5th$

Results

Following three methods of data collection, three themes emerged from data including the benefits of skills for student behavior, higher value of certain skills, and teacher benefits and empowerment. Eleven sub-themes include beneficial tools of breathwork, awareness, encouragement, and acceptance. Other sub-themes that emerged were the need for skills to be age appropriate and interactive to increase student engagement, the need for teachers to model the skills, and skills providing support for teachers to connect with their faith. Sub-themes were created from combined codes in the chart below.

Figure 3

Chart of Combined Codes from Survey, Interviews, and Artifacts
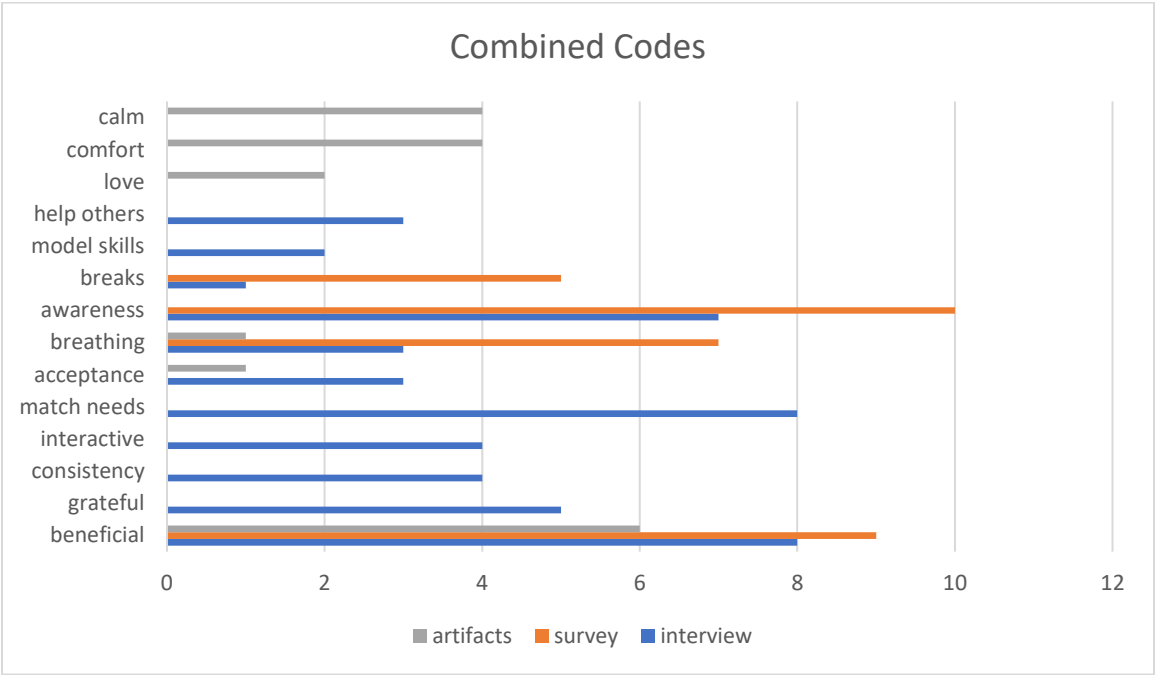
Participants began by completing a survey using Google Forms. The survey results show

that the most used skills are breathing, a calm down area within the classroom, and distraction

techniques. Next, participants shared their experience of DBT in semi-structured interviews

conducted in person except for two phone interviews. Interviews were recorded and transcribed

using the transcribe tool in Microsoft One Drive. Information from surveys and interviews were

summarized into a chart for coding purposes and sent to participants for member checking. After

confirming data through member checking, participants shared a personal artifact to represent

their experience of DBT. Artifact information, including three descriptors of the object, was also

collected in a chart for coding purposes. The data analysis process used in this study mirrors the

method recommended by Moustakas (1994).

Table 4

Themes & Subthemes

Theme	Subthemes			
DBT and mindfulness skills support the improvement of student behaviors	breathwork helps students regulate emotions	skills must match needs of group	teacher use leads to student use	students encourage others
Some skills are more valuable than others	awareness	acceptance	experiential or interactive to help overcome resistance	general skills
Teachers view skills as personally beneficial and empowering	teachers use breathwork to relax	connection to God	gratitude	

DBT and Mindfulness Skills Support the Improvement of Student Behaviors

Over half of participants found DBT skills delivery as extremely valuable, and over a third found them valuable. Every participant shared perceived benefits of implementing DBT and mindfulness strategies for improving student behaviors. Perceived benefits of DBT appeared across all three sources of data. Codes of *effective*, *value*, and *progress with behaviors* were combined to arrive at this theme. Examples of these codes include participant statements of "slow and steady progress is being made," "the mindfulness bell and breathing is effective," and "generalizing terms across classes helped students who are resistant see the value." Brandon discussed how the variety of coping skills offered within DBT is empowering for students due to the choice they have in finding what works for them. He said, "That's the key. These kids decide they want to take a walk. I've very rarely seen it not help because they've chosen to do it."

Breathwork is Powerful for Assisting Emotion Regulation

Using breath control to calm emotions was a strong sub-theme. It appeared across all

three methods of data collection. Ten out of twelve participants mentioned breathwork as being one of the most helpful skills in the interview, and survey results show all participants use breathing as an effective tool for regulation in the classroom. This sub-theme is the most often implemented skill among participants in their classroom for their students. Overall, participants mentioned the benefits of breathwork 99 times in interview transcripts.

Breathwork positively affected participants as well as the students they support. Georgia shared how her artifact helps her "remember to breathe." Kathy shared how breathwork has been beneficial for her, which encourages her to support others to use it. She explained "I can physically feel a difference in my body and more calmness…If it can help me, I'm sure it can help other people." Brandon addressed the effectiveness of getting control of the breath in helping students regulate emotions. He said, "It's so important." He elaborated by explaining how deep breaths helps students refocus, and then they are able to "move into some of our other skills."

Most participants shared connections between breathwork and calming down. However, Inez brought up breathwork in connection with other needed skills for student effectiveness such as focusing and waking up the brain. In her interview, she shared, "One of the skills that I think is helpful and we use, it could just be like there's different breaths for focusing or like getting ready to learn or think." This realization that breaths can serve multiple purposes has assisted the implementation of intentional breathing to focus on learning, and not just to calm down. Inez shared her understanding that skills are about more than just staying calm; they are about being more effective, and breathwork assists with this. Inez shared that she guides her students to use breathwork before beginning a lesson: "Everyone's calm, but we do some strategies, pick a breathing strategy, a calming strategy or a, you know, wake up our body." Her explanation

speaks to the power that breathwork has for overall effectiveness, and teachers are implementing it for student benefit.

Coping Skills Must Match the Needs of the Group

This sub-theme appeared among participants from all grade levels: elementary, middle, and high school. Participants were able to advocate for the needs of their group, which is specific to disability. For example, participants who teach students with autism recommended more repetition of skills and shifting away from the acronyms that are popular among DBT skills. Both participants who teach kindergarten suggested that skills be adapted with simple, kid friendly language to assist understanding of abstract concepts. Harriet shared,

> Putting it in their own language and on their own level that's huge, really. Putting them in their verbiage for them because they don't know acronyms. They don't know what TIP is. I think just putting it in their own terms and in the moment like addressing it in the moment when they're able to use it.

Brandon and Georgia, both middle school teachers of students with emotional behavior disorder, emphasized the importance of flexibility with the delivery of skills due to the growth and maturity that often occurs during the middle school years. Georgia shared that her older 8th grade students don't require as much direct support with skill practice, whereas Harriet shared how she:

> Takes the skills like the wise mind, emotional mind, logical mind and put them into terms that the littles will understand like radical acceptance. And it's a big word for them, but they can get it. But we have to describe it as, 'Remember, we're going to have acceptance of things that we cannot change,' and that looks like, 'OK, yes, ma'am. I don't want to, but I'll do it.' Things like that.

In both interviews and the survey, participants advocated for the needs of their students, sharing that DBT skills delivery must be flexible to meet the varying needs of special education groups.

Teacher Ownership of the Skills Leads to Student Ownership

Data suggests that teacher ownership and implementation of the skills impacts student perceptions of skill use. Nine out of twelve participants shared that they talk about using skills to encourage students to make effective coping choices commonplace in the classroom. Three participants shared modeling how to use the skills is needed to support student ownership of the skills or help generalize skill use outside of DBT group instruction sessions. The three methods of data collection help draw a connection between skills being used by both students and teachers for improved well-being. This connection is highlighted in a discussion during an interview with Lydia who stated,

> I kind of feel like all around it's such a domino effect. Like if I'm not practicing it in my personal life, it's not going to be the same in the classroom. And if I'm not, I'm not going to be able to lead by example in the classroom if I'm not doing this personally.

Georgia further explains the importance of modeling skill use:

> A big thing for me is I want my kids, whether they're EBI (emotional behavior intervention), whether they're wherever, to feel comfortable being OK with this emotion. And I'll say to them like 'I am frustrated right now. I need a break.' And I don't feel shame or embarrassment or anything from that because I want them to be able to do the same with me and say, 'I'm frustrated, I need a break.' 'All right, let me respect that for you,' because I expect that from them, so they should be able to expect that from me.

Students Encourage Others

This sub-theme emerged from codes of *students helping others* and *encouraging peers*

from interviews. Interview data suggests that students know which skills to use but find them difficult to implement. However, participants shared that students are able to notice when others need to use coping skills. Finley shared that her students are eager to help her when she models needing to use the skills, "If I said 'God, I need to breathe,' one of them will - it doesn't matter who - but one of them will go get the breathing ball and bring it to me." Additionally, John shared an example of students encouraging each other to improve their relationships, which he attributes directly to DBT skills instruction. He stated,

> They're caring about their friends and showing encouragement. (Student 1 and student 2) hate each other 99% of the time, and (student 2) finally said the "th" sound and (student 1) ran up to him and said, 'I'm so proud of you for working it and finally getting it. You worked so hard!'

This awareness of peers' emotions and empathy was echoed in the interview with Emma. When asked about an experience with DBT that stands out, she shared that her students gained awareness of themselves and are "being empathetic towards others."

Some Skills are Perceived as More Valuable Than Others

Evidence of this theme is found in all three methods of data collection. Over seventy percent of participants shared they implement skills in their teaching every day, while less than thirty percent use skills almost every day. Participants find more value in certain DBT skills based on the perceived benefits for them or their students. The survey revealed that participants use a range of emotion regulation skills. Breathwork, use of a calm down area, and distraction techniques were the most used skills, with all participants implementing these. Artifact codes support use of skills that participants find encouraging, comforting, and soothing.

Awareness

In interviews, eleven out of twelve participants shared that among everyday practices, awareness skills have had the greatest impact in their classroom. Awareness for identifying emotions was the second most used skill from survey data. The codes that combined to create the sub-theme of awareness occurred in interviews 106 times and occurred across all three methods of data collection. Kathy shared how lack of awareness of others is a problem she is addressing with her students. She said her students:

> lack perception…and awareness of others or how things affect others because they are very much about how things are for me. Like they may think, 'Well, it doesn't bother me when somebody does this. And it doesn't matter if it bothers you or not.'

Data suggests that awareness skills are commonly needed and used as a coping strategy to improve effective behaviors in special education classrooms.

Acceptance

The concept of acceptance appeared across all methods of data collection and was mentioned 32 times in interviews. Eight participants spoke of acceptance as a meaningful concept from DBT that benefits students or themselves. In discussing an artifact representation of DBT, John shared that he keeps a small, wooden cross that reminds him of acceptance when things are difficult. Dawson spoke of acceptance as a needed skill for his high school students:

> I think radical acceptance is one that when my students use it or are willing to use that skill, it's been really helpful because I feel like a lot of my students, they are put in a situation, and they want to avoid it. They want to escape it. They don't really necessarily want to deal with it, but the idea of radically accepting where they are in the situation they are in and then learning how to deal with it, knowing that they can't get themselves out of it, that's very practical for students.

Additionally, acceptance appeared in survey data as one of the most helpful skills for teachers and students.

High Engagement Assists Resistance to Using Coping Skills

One hundred percent of participants rated learning mindfulness and behavior therapy skills as very important, however six out of seven middle and high school teacher participants discussed student acceptance of skill use as a potential problem. Charlotte shared how resistance to using skills may have to do with students not wanting to stand out or look different from peers. She shared that the skills are getting through even with resistant students who may be thinking, "I don't want to do anything that's going to make me look different in any way from my peers." Kathy offered an additional reason for potential student resistance:

Part of the reason why I think that some of them have been resistant is because some of them have been in other places where they might have had forced therapy of some sort. And so, this was a like kind of like a trigger for them because it would remind them of some other places where they were.

Participants shared additional possibilities for student resistance to skills. Interviews revealed that student resistance has to do with the instructor, delivery method, and activities involved in group work. Experiential and hands on activities were suggested by eight of the twelve participants as options for keeping skill delivery effective and for improving it moving forward. Dawson shared:

It's a challenge for them to get engaged. But almost every time when there's something hands on, they will engage regardless of if they're interested in the skill or not. They'll engage because they get to do something out of the ordinary, and so they when it's hands on, they seem to be more receptive as to whatever skill is aimed at being taught.

Furthermore, Lydia spoke about one of her students refusing to participate in practicing skills when the DBT skills instructor isn't in the classroom. She shared the need for having a positive and meaningful relationship between the DBT skills instructor and students. In her interview, Lydia stated, "The instructor matters."

General Coping Skills are Preferred

Use of general coping and awareness skills were preferred over specific DBT strategies such as Opposite Action, ABC Please, and the Wave skill. For example, half of the participants mentioned the effectiveness of taking breaks for students and themselves. Breaks were mentioned 43 times during the interviews, and it was one of the most mentioned strategies among survey data. Knowing that a break is needed based on an increasing intensity of emotions comes from being mindful of changes in thoughts and sensations in the body, which is general awareness taught in DBT. Three participants shared that skills delivery isn't frequent enough to support students in remembering concepts; therefore, general skill knowledge is preferred because this is what students remember and practice. Furthermore, participants found the names of DBT skills difficult for special education students. Finley, who teaches Kindergarten and 1st grade, shared "the names of the skills are hard to remember. They remember acceptance. They remember games." This sub-theme justifies the predominance of breathwork and awareness skills in the data.

Teachers View Skills as Personally Beneficial and Empowering

All participants took ownership of the skills and apply them in some way in their personal life. One hundred percent of participants rated learning mindfulness and behavior therapy skills as very important. Codes from artifact data and sub-themes point to participants sense of empowerment from knowledge of skills. Every participant shared that they use

mindfulness and DBT skills for personal benefit as well as implement them in their classroom to assist students. This empowerment evokes a sense of gratitude and purpose, enhancing their relationship with God. Elements of this theme appeared across all methods of data collection.

Teachers Use Breathwork in and out of the Classroom

Data shows that breathwork is beneficial within special education classroom, and this sub-theme also emerged among aspects affecting participants personally. This sub-theme emerged from interview and artifact data. Nine out of twelve participants directly shared that they use breathwork either in their classrooms or at home to support effective coping. Georgia shared that her artifact represents "remember to breathe." Anne explained how she taught her husband a specific breath used in her classroom to assist him to stay calm before a conversation: "Just put up your finger and do this. And so, I explained it to him. So, by explaining it to other people, I feel like we can get the word out and it does help."

Connection to God

This sub-theme was present in two out of three methods of data collection. Five of the participants shared a perception of DBT skills creating a stronger connection to God by sharing an enhanced sense of faith either in the interview or as using a Christian symbol for their physical artifact. This sub-theme appeared with all three male participants and two females. Dawson shared how he relates the concept of acceptance in prayers:

> I'll do my own version of (positive self-talk). I mean that's a coping skill and that's directly a DBT skill. It's a coping skill but like even in relationship with my wife, relationship with my kids, I won't necessarily say it. I mean, it comes out more in the form of prayer. Like I won't tell myself, 'It's going to be OK. 'I can do this.' I will more trust, like by God's Grace, I can persevere in this. So that's radical acceptance.

Emma related Christ's acceptance and lack of judgment to DBT skills:

> I can go back to my beliefs, and it lines up with my beliefs. Just like it could line up with someone else's beliefs. As far as the meditation, God tells us to. I just see how it lines up with how I feel about Jesus. It doesn't have to be a negative thing.

This quote reflects her feelings that prayer is a form of mindfulness because we keep our focus on God. This came out of a conversation during her interview about the negativity that mindfulness has received in the school system. Emma feels that mindfulness doesn't have to be perceived with judgment as something separate from God. Participant artifacts support this, as the objects reflect their connection with God, where they derive support and encouragement. When asked for three words to describe a representation of what DBT means to him, Brandon showed a wooden cross keychain and shared, "Give me strength." Four participants used a cross as their artifact, and one used the Bible.

Gratitude

This sub-theme came from codes *thankful*, *validating*, and *grateful* from interviews and artifact data. Five participants shared that DBT skills are another tool they have to support social emotional learning. All participants shared how using the skills personally has improved their life. Emma said:

> I'm very thankful that I was exposed to it to make me a better person, teacher, mom, friend. I really took some of these skills and I was like, I'm gonna try this when I go home, and it made a huge difference.

Having DBT skills delivered in special education classrooms supports the management of teacher stress based on Finley's comment, "I am just grateful because it's one thing off my plate that day."

Outlier Data and Findings

Data revealed similar findings from almost all participants in response to research questions. One participant expressed an experience that did not align with that of other participants. Despite varied experiences regarding DBT and mindfulness in special education classrooms, almost all participants expressed some level of feeling overwhelmed and use strategies from behavior therapy to assist high stress levels at work. Outlier data from one participant regarding skill use by teachers in the classroom is that skills are not always needed due to a lack of experiencing stress from work.

Harriet shared that she does not have a need to use the skills personally at school: "School is not a stressor for me." She did share that she uses the skills for increased well-being at home. When asked for more details, Harriett shared that her students are so improved with their behavior that she has not observed any challenging or problem behaviors, which significantly add to her lack of stress at work. This data was unlike information shared from other participants who feel stress at work.

<div align="center">

Research Question Responses

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This section implements the themes from above to answer the research questions for this study. Clear themes emerged from the data that address each research question, including the varying experiences of participants with DBT skills in their special education classrooms, if the skills influence student behavior, which skills are most critical, and if the skills have improved the well-being of teacher participants. Participant quotes are provided to support the themes in response to the research questions

Central Research Question

What are the lived experiences of special education teachers with dialectical behavior therapy at a suburban school district in the Southeast United States? The participants' perspective is that DBT is beneficial for students and themselves. Participant feedback is that the experience of DBT skills delivery within their classrooms has been varied. Each participant's experience of skills delivery is different. The data shows that the experience is heavily influenced by the classroom needs at the time, the skills instructor, and how the skills are delivered.

Ten of the twelve participants have had a variety of DBT instructors who have supported skill delivery within their classrooms and were able to share effective aspects that each instructor provided. Brandon, who has worked with different DBT providers within his classroom recommended that skills instructors work with the unique needs of the group. He shared:

From the beginning I've seen DBT delivered in multiple ways. We've had different individuals that have worked with our classroom. I've seen a lot of different approaches to it from more of a lecture style to games to, you know, more of an involvement like where we are now with the flexibility. We break up the groups, we allow them to be able to make it fun. But, still, I think it's engaging to the fact that they can maybe actually see themselves using it.

Georgia echoed this recommendation clearly. She explained:

So, when we first started, we had a provider who did a little more paperwork direct instruction worksheet type stuff. And then we sort of transitioned to more hands-on activities, and I definitely saw that being a little more effective with our kids at the time. The paperwork it was, you know, the kids would be bored and not engaged. So, when we got out and practiced, they definitely seemed to take it in more. But then with this group,

we're sort of seeing the need to have a little bit more discussion based, so I've sort of seen

it go across the spectrum, and I think that it really is important to get to know your group

and figure out what method of delivery is going to work best with them.

All participants shared, in various ways, that personalizing skills instruction is the most

beneficial way to increase engagement and student ownership of the skills. Some groups require

repetition of skills, as Anne recommended for general skills and concepts while adapting lessons

and activities to be age appropriate. Anne suggested:

Sometimes I feel that maybe the lessons need to be repetitive, but then some maybe don't

need to be so repetitive. And maybe even it needs to get a little bit harder as they get a

little older. Something not so immature.

Inez explained how personalizing skills supports student skill use:

I know just in the way you know, personalized the things I do and that's actually a really

good thing. We have one that loves Sonic, right? We don't even know what Sonic Breath

is, but we're going to make something for Sonic Breath because that's what you love. We

have one and elephant breath is his thing now and Hello Kitty, whatever. So, I think it's

the personalization that makes it more theirs, and it's their go-to then.

Sub-Question One

How do special education teachers perceive that DBT influences student behavior?

Participants perceived that DBT skills instruction positively influences student behavior.

Challenging behaviors that participants experience that DBT helps influence includes lack of

student awareness, emotion dysregulation, and interpersonal skills. Six of the participants shared

that students have taken ownership of the skills and shared an experience using DBT skills that

stands out including students encouraging others to use skills. Charlotte said:

The most remarkable thing was I have a student who I would say is probably the most resistant to using those skills for themselves. But then when they saw another student who was having a difficult moment, that's when they actually prompted the student to use this (skill).

Harriet shared,

We were in the (calm down room) with this child having big, big emotions - aggressing, hitting, cussing. And then finally, she looked at us and said, 'I need a break, but can I please have my cool rag, and can I have something to smell?' And we were like, 'Oh my gosh, yes, you may.'

Seven participants shared that hands on experiences are most effective when delivering DBT skills because it impacts student behaviors. Participants shared that when students are engaged in an activity, problem behaviors decrease. Harriet shared that when activities are incorporated that get the students involved, "It's very rare that we have behaviors." Dawson also recommended hands on activities and related it to a decrease in resistance:

It's a challenge for them to get engaged, but almost every time when there's something hands on, they will engage regardless of if they're interested in the skill or not. They'll engage because they get to do something out of the ordinary, and so when it's hands on, they seem to be more receptive as to whatever skill is aimed at being taught.

Anne shared that interactive lessons are her students' favorite:

Hands on (lessons) are the best we've done. Things like take the walk, the nature walk, pay attention to your body. 'What are you hearing? What are the things you hear outside?' Those kinds of things, the experiential things. We need to do more of those.

All participants agree that DBT and mindfulness benefits student behaviors despite some

student resistance to using skills. One hundred percent of participants rated learning mindfulness and behavior therapy skills as very important, but survey results show participants aren't all implementing the skills daily. Charlotte explained:

> It's been slow and steady progress. There was some resistance at the beginning. It took a little bit of effort to create buy in, but I think that once I really was able to start generalizing those concepts across my entire school day and including the language and using those opportunities as they arose in the in whatever class the students were working in, you know, made it at least more familiar, and I think that helped create buy in to using those. I certainly see the value, but sometimes getting an ordinary 6th grader to see the value is a different thing.

Sub-Question Two

What are the DBT skills that special education teachers perceive as most critical in their classrooms? Survey and interview data show that skills instruction needs to be adapted for different age groups and learning needs, and the most needed skills for special education behavior classrooms include skills for emotion regulation and general awareness skills. Larger concept skills seem to have a greater impact as Dawson explained, "When it's been a time when there was like one overarching skill that that stood out, that's when I've been able to then follow up with the students." Breathing tools were common in data collection for this sub-question. Acceptance skills followed as a much needed skill. Emma shared she most often encourages the skills of "acceptance and probably the self-awareness and the options of the breathing techniques and the different things we can do to help calm us." The theme that participants find certain skills more valuable than others emphasizes that teachers can utilize skills that impact their students the most.

Sub-Question Three

How do special education teachers perceive their well-being after personally implementing DBT skills? All participants shared personal benefits from learning and implementing DBT and mindfulness skills. Every participant shared that they use the skills at home for increased relaxation or improved relationships and almost all implement the skills for improved well-being in their special education classroom. The theme that teachers find mindfulness and DBT skills personally beneficial answers this sub-question.

Learning about DBT skills in their classrooms have helped some participants see unhealthy patterns of coping. Emma shared:

When you're starting to get offended or annoyed or frustrated about something, you really have to stop and think. And just like the skills like DEARMAN or like, even just simple 'I' statements, I can just see the impact it's had on my personal relationships. I've been able to really come from a different direction rather than just immediately want to argue or fight or not understand.

This participant quote offers insights into how DBT skills have the potential to improve unhelpful behavior patterns.

Two of the participants shared a desire to have learned these skills when they were young. Georgia explained:

I've dealt with anxiety my whole life. I've had some decent trauma as a kid, so it sort of stemmed from that. So, I find myself using the skills, you know, deep breaths. Let's take a break and remove ourselves, calm down and then come up with a plan.

As she explains, learning DBT and mindfulness skills can be empowering for individuals at any age.

Charlotte shared about the moment when she realized that coping tools aren't just for the students:

It's a benefit for me also, just as much as it is for the kids. It's not, 'Oh, this is just for you and not for me.' I viewed it as a tool for someone with a need. Even if you think you don't have any needs, it's beneficial. So, shifting my own mindset for sure. It's like, oh, this is great for people who have trouble regulating their emotions. But no, it's great for everybody because everybody has emotions and that was like my light bulb moment. I'm like, oh wait, I have emotions too.

This participant quote summarizes the theme that DBT and mindfulness skills benefits teacher well-being as well as students.

Summary

Results from this phenomenological study revealed special education teachers have a variety of experiences with DBT delivery within their classrooms. Participants perceive the skills as beneficial for themselves and for student behavior. Participants prefer breathwork for regulating student emotions, they often model skill use, they expressed a need to personalize skills for specific group needs, and have seen students encourage others, which supports resistance to using skills for some students. They find general coping skills from DBT and mindful awareness the most beneficial and prefer hands on activities to increase student understanding of skills. All participants use the skills for personal improvement of emotions either at school or home, typically both. Finally, participants feel grateful and empowered using skills, which increases their purpose and faith.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study is to describe experiences of dialectical behavior therapy (DBT) for special education teachers at a large, suburban school district in the Southeast United States. DBT is an evidence-based therapy for addressing emotion regulation and has been used in schools to address mental health needs (Harvey et al., 2019; Miller et al., 2023). The results of this study contribute to a deeper understanding of how DBT and mindfulness are used within special education behavior classrooms for the benefit of both students and teachers. This is done through triangulation of data and meaningful interpretation of themes. This chapter includes (a) critical discussion of interpretation of findings, (b) implications for policy and practice, (c) theoretical and methodological implications, (d) limitations and delimitations, and (e) recommendations for future research.

Discussion

Results from this study reveal that overall concepts from DBT and mindfulness support special education students and teachers in behavior classrooms. Interpretation of findings include awareness skills and breathing techniques support emotion regulation and self-control for students with Autism and emotional behavior disorder, and acceptance skills and breathwork also support special education teacher overwhelm and stress. Data suggests that teacher ownership and implementation of the skills impacts student perceptions of skill use. Teachers use skills to improve relationships at home, to help how they approach conflicts at work, and to ease stress in various situations. This critical discussion examines researcher perspectives from the study's results.

These results can be interpreted to support generalizing helpful concepts from DBT to

other special education programs in schools as well as general education classrooms. Recurring

aspects from DBT such as breathwork and awareness skills should be taught with consistency

and emphasized for improved well-being. DBT programs include awareness games and

experiential activities that increase improved perception of one's environment. For students with

Autism, this is especially important; an increase in cognizance of others is vital to effective

functioning. By guiding students to notice their breath, and take control of their bodies in this

way, an increased awareness of emotions and effective functioning can be addressed proactively.

Breathwork and awareness are primary elements of mindfulness, which can be taught in schools

to all populations of students to address social-emotional competencies as well as improve

relationships, stress, and academics.

Findings reveal that these skills should be implemented more often for consistency,

possibly increasing the likelihood of students and teachers experiencing regulated emotions,

making effective decisions, and managing stress more effectively. Participants shared the need

for regular and frequent implementation of coping skills from DBT. Teacher trainings for

increased knowledge of skills and how to differentiate concepts for repeated instruction would

support this interpretation of results. Due to the relationship between DBT skills and

mindfulness-based coping strategies, general concepts from either can support mental well-being

in schools. Teacher knowledge and training from both programs can benefit individuals, and

additional training opportunities can support school staff in consistent implementation of

behavior therapy strategies. Consistent instruction of the skills should lead to calmer, happier

classrooms.

Matching helpful strategies from DBT and mindfulness to varying grade levels and

disability supports coping effectively. SCT theorizes that behavior is learned, and many students

with challenging behaviors have learned ineffective ways of coping. Results from this study show that even students with emotional behavior disorder and Autism can gain needed social skills from DBT. Students in early elementary can learn more self-control through learning to recognize emotions and urges taught in DBT. General education students may require fewer awareness skills than students with special needs. The variety and adaptability of coping skills from DBT supports participant feedback that skills need to match student requirements. As Harriet shared, "Putting it in their own language and on their own level" is needed. This interpretation of findings also reflects the theme that general skills are more helpful than specific ones, as overall concepts can be more easily differentiated.

To support teacher well-being, concepts of acceptance and gratitude, along with breathwork, are practiced with significant impact. Teacher participants expressed the support from DBT skills that connects them to a greater purpose. Almost half of the participants shared an increased connection to God through implementing DBT skills personally. Although support for teachers can take different forms, it is revealing that through the use of DBT strategies, participants are encouraged to find support within themselves and from a higher power. A sub-theme from the data is teacher empowerment, so it is significant that effective coping methods designed to build a life worth living inspires individuals to feel uplifted, supported, and encouraged. There is great meaning in the work they do; teaching students with challenging behaviors is not an easy path, yet DBT skills are able to enhance their effectiveness. Teachers with knowledge of DBT and mindfulness strategies are able to support themselves and be more available to support their students. With improved teacher well-being, God's love and support is shared in classrooms, secular or not. This potential is the significant impact that effective coping strategies and a change in behavior possesses.

Finally, to support positive changes in behavior, general concepts from DBT should be implemented in more schools so that young people gain needed life skills for managing stress and overwhelm. The skills support improved well-being, and with schools looking for ways to support mental health, DBT and mindfulness offer solutions. Teachers, parents, and administrators should know the options for supporting effective ways of coping with teacher trainings and consistent implementation. Additionally, coping skill knowledge supports teachers with understanding options for regulating their own emotions and managing stress, which can assist with teacher burnout and attrition.

Findings from results are interpreted to include potential solutions for challenging student behaviors and teacher stress through consistent implementation of DBT and mindfulness skills for effective coping. Breathwork for calming emotions and gaining self-control should be taught in schools proactively to address problem behaviors. DBT and mindfulness skills can be a valuable addition to social skills programs, which schools can implement for mental health support. Effective use of these coping skills can lead to less stress, feelings of empowerment, and an increased happiness with life.

Summary of Thematic Findings

Using data from the survey, individual interviews, and artifacts, codes were combined to uncover 3 themes and 11 sub-themes. The first theme to emerge from the data is that DBT and mindfulness support the improvement of student behaviors. Four sub-themes emerged from this theme including a) breathwork helps students regulate emotions, b) skills taught must match the needs of the group, c) teachers create buy in by using skills for themselves, and d) students encourage others to use skills. The next theme to emerge is that teachers view some skills as more valuable than others. Sub-themes to support this theme are a) awareness, b) acceptance, c)

experiential activities are most helpful, and d) general skills are better to emphasize than specific skills. Finally, the theme of teachers finding DBT and mindfulness skills beneficial and empowering for themselves emerged including the sub-themes of a) breathwork supports teacher relaxation, b) skills support teachers connecting to God, and c) teachers are grateful for skills being taught in their classrooms. These themes and sub-themes can be summarized with the statement: teachers perceive DBT and mindfulness skills as beneficial for themselves and special education students.

Implications for Policy or Practice

This study suggests that DBT skills support the improvement of teacher well-being and student behavior. The implications surmised from the results can support the generalization of effective coping strategies for various populations within schools. Understanding how participants perceive the skills assists school leaders to more effectively implement these social-emotional learning strategies for special education students with behaviors.

Implications for Policy

Based on results of this study, implications for social-emotional learning in schools should include considering the use of mindful behavior therapy in special education behavior classrooms. It can be inferred that if behavior therapy skills support students and teachers within special education environments, then the skills can support students and teachers in all classrooms. Charlotte shared that the coping skills "are great for everybody. Everybody has emotions." Administrators should consider implementing DBT and mindfulness techniques to be proactive and support the reduction of behavior issues and emotion difficulties in young people as well as school staff. This implication for policy could also potentially reduce the number of student referrals to guidance counselors or even the high need for social workers supporting

school systems.

Another implication for policy is to increase stakeholder input and communication regarding social-emotional learning. School systems should get parent involvement on the most valued concepts from DBT. While it is true that different methods of coping are needed in different environments, parents can offer insight into what skills students need at home. Additionally, parent trainings to support children's generalization of skills use at home and in the community may increase effective behaviors and lower stress for families while generalizing coping skills to multiple environments. Collaboration among all stakeholders can further support the goal of mental health improvement for young people in schools.

Implications for Practice

Special education student needs vary, and coping skills from DBT can be adapted to meet the varying needs. While participant feedback that "the instructor matters" within the context of special education classrooms, having the skills group instructor spend time developing a relationship with the students may apply to all classrooms or groups within schools. Getting to know the individual needs of the group addresses the participants' experience that different groups require different skills, possibly also contributing to increased student engagement. Establishing positive rapport with the group may also help address the participant feedback of the effectiveness of personalizing skills to increase student buy in and engagement.

Teacher ownership of the skills increases student use of skills, as this creates an environment that encourages effective coping. Implications for practice include having the teachers model how to use DBT and mindfulness strategies to manage emotions. Several participants shared that modeling skill use themselves assisted normalizing effective coping

strategies. Additionally, this practice would encourage students in a nonresistant way while supporting students to make effective choices.

Teacher training could also assist effective skill use and implementation. Although special education teacher participants feel supported by having behavior therapy skills delivered for them, teacher training in effective coping methods such as DBT and mindfulness can further promote emotion regulation and stress management for both teachers and students. Additional training is especially important for special education teachers who experience higher levels of burnout (Cormier et al., 2022; Huk et al., 2019). This implication for practice serves three purposes: a) supporting effective teacher coping, b) lowering stress and attrition rates, and c) further supporting student coping skills due to increased knowledge of DBT and mindfulness.

Another implication for practice is increasing the frequency of the delivery of DBT and mindfulness skills. Two participants shared that skill delivery in their special education classroom wasn't frequent enough to support student ownership of skills: "They don't remember the skills." This also implies that implementation of the skills should be more frequent and potentially even more effective. With increased DBT and mindfulness skills being taught, flexibility is also needed concerning when to move on to a new skill. One participant shared how "some (lessons) need to be repetitive." This implication for practice supports understanding student needs and differentiating to meet those needs.

Empirical and Theoretical Implications

This section discusses themes from previous literature on the topic of DBT and mindfulness as well as the theoretical framework, social cognitive theory (SCT). This study aligns with findings from the literature review on the potential benefits of these interventions. Other research shows that DBT and mindfulness skills have been effective for varying groups

and in various settings, and this study fills the gap in the literature concerning the implementation of these skills for special education students and teachers. Findings from this research also support the theory that ineffective behaviors can be treated and altered (Bandura, 2002).

Empirical Implications

DBT was originally created for individuals with borderline personality disorder and has been adapted for individuals with a variety of needs (DeSerisy et al., 2023; Linehan, 1993; Mazza et al., 2016; Miller et al., 2023; Pearson et al., 2021; Rosendahl-Santillo et al., 2021). Previous research shows positive results from implementing DBT and mindfulness skills, although some results were inconclusive (Day et al., 2022; DeSerisy et al., 2023; Justo et al., 2018; Martinez et al., 2022; Rosendahl-Santillo et al., 2021). The findings from the current study show that by focusing on the overarching concepts from DBT such as mindful awareness, acceptance, breathwork, and nonjudgment, the skills may be effective for other groups of children, adolescents, and adults. Such groups of individuals may find support from these strategies even if they don't struggle with intense emotions but could use support managing stress and overwhelm, which were repeated findings within the literature review.

The current study extends previous research on the use of DBT in schools for teacher well-being, which is particularly needed for school staff in special education (Cormier et al., 2022; Huk et al., 2019; Soini et al., 2019). Results from the current study show that DBT and mindfulness skills can be a supportive resource for school staff who work with students with challenging behaviors and experience high levels of burnout. Teachers need social-emotional support due to their high stress job of supporting challenging behaviors for many hours per day, often without a break. Findings from the current study show that teachers incorporate strategies

for improving relationships and increasing emotional resilience, which supports results found in research by Huk et al. (2019), which suggests that teachers require supportive resources to combat burnout and attrition.

The findings within the current study also extend research by Soini et al. (2019), which looked at the higher stress levels of special education teachers who work with students with emotional dysregulation; eleven out of twelve participants shared that using skills from DBT and mindfulness help ease their stress from work in the classroom. Similar findings occurred in research by Holbrook et al. (2022), who studied how teachers can use coping skills from DBT for improved well-being and stress reduction. Furthermore, current findings support research by Katz, Knight, Mercer, and Skinner (2020) who found that teachers are better able to assist students when modeling effective coping strategies. The benefits from modeling effective actions are two-fold, as it supports teachers as well as the students.

This study focused on the implementation of DBT and mindfulness strategies in special education behavior classrooms for students with Autism and emotional behavior disorder, extending the research from previous studies on these populations. Research by DeSerisy et al. (2023) and Miller et al. (2023) share that special education students struggle more with mental health and experience higher levels of stress due to their academic or behavioral challenges. Few studies have addressed supporting this population of students. The special education teachers who participated in the current study experienced improved well-being and believe student behavior has improved as a result of DBT and mindfulness skills. This finding supports research on individuals with Autism and anxiety by Preston and Spooner-Lane (2019), Rosendahl-Santillo et al. (2021), and Stockall and Blackwell (2022).

Furthermore, research for at-risk populations with behavior challenges and emotional

dysregulation within special education are limited but needed. Findings from this study reveal

the potential benefits for an effective intervention, which supports research by Georgiou et al.

(2021) on mindfulness and behavior improvement. The results of the current study also correlate

with research by Eeles and Walker (2022), which concluded that DBT and mindfulness

interventions support positive change. Miller et al. (2023) share the statistics on dropout rates

and emotional and mental struggles of students with these disabilities. Results from this study are

significant by showing teacher perceptions of positive changes in these students' behavior.

Finally, results from the current study support and extend results from research in the

literature review regarding a variety of individuals. Although no studies were found to be

conducted within special education behavior classrooms, studies on mindfulness and DBT were

found to be effective for students with Autism, anxiety, and emotion regulation difficulties

(Bemmouna et al., 2021; Clifford et al., 2022; Pardo et al., 2020; Stockall & Blackwell, 2022).

Similarly, results of the current study revealed teacher perceptions of improvement in special

education student behaviors, suggesting that DBT and mindfulness skills can assist general

education students. The literature review addresses DBT research for general populations of

students with positive effects (Chugani et al., 2022; Martinez et al., 2022).

The current study reveals the effectiveness of DBT and mindfulness skills for special

education teachers and students in the suburban Southeast. The study fills the gap in literature as

recommended by other researchers in this area (Day et al., 2022; Preston & Spooner-Lane, 2019;

Rosendahl-Santillo et al., 2021; Stockall & Blackwell, 2022). Results contribute the potential

improvement in well-being for other special education teachers. Findings add to the field of

social-emotional supports by supporting the delivery of needed coping strategies from DBT and

mindfulness, whereby special education teachers and students can improve their mental health

and well-being.

Theoretical Implications

Results from the current study support the theoretical framework of SCT, which proposes that environments and one's past experiences play a part in influencing behavior (Bandura, 2002). This study included participants from a variety of classroom environments, encompassing every grade level, so a variety of valid participant information concerning the classroom environment is considered. Results from this study align with SCT by demonstrating how environments can be created to support the learning of effective behaviors as well as how DBT and mindfulness skills can be applied to support overcoming old patterns of behavior from past experiences.

Having supportive options for effective coping through DBT and mindfulness, according to participants, improves student behavior within special education classrooms. This aspect of SCT considers how new behaviors are learned, which is typically accomplished through modeling (Bandura, 1977). Participants shared that modeling coping skills from DBT and mindfulness support student use of the skills. This is one of the sub-themes that emerged for the improvement of student behaviors. When teachers take ownership of the skills, students are more likely to embrace and understand the skills, using them more willingly and frequently. This finding directly supports SCT, affirming that a supportive environment can alter behaviors and lead to positive change, including improving self-efficacy and even motivation by normalizing effective skill use (Bandura, 1977).

This study shows that even for at-risk students with challenging, ineffective behaviors, SCT applies. When supportive adults in the learning environment encourage and normalize effective coping, positive behaviors are emphasized. Within this study, SCT is applied by

understanding that a supportive classroom environment that encourages effective coping can help improve challenging behaviors (Bandura, 1977). All participants shared that they implement DBT strategies personally and in the classroom, creating an environment that supports effective ways of coping for their students.

Another aspect of SCT that is reflected in this study is when participants discussed past experiences that influenced behaviors in adulthood. Participants reflected on their difficult childhoods or situations, which impacted their readiness to accept learned DBT skills as more effective methods of coping. All participants shared the use of DBT and mindfulness skills for personal well-being, either at school or home. This supports past research on how SCT is applied for special education teacher persistence despite high stress and burnout from working with challenging student behavior (Scott et al., 2022). In the current study, participants shared the benefits of implementing skills to decrease stress and let go of judgments for improved relationships.

Furthermore, results from this study reveal that the frequency of when coping skills are taught, who encourages skill use, and how skills are offered matters. When effective coping methods from DBT and mindfulness are delivered in a nonresistant way, after a positive relationship has been established, students are more likely to be motivated to change ineffective behaviors. One participant explained the importance of who delivers the skills and how this influences student perception of skill use. Such participant input speaks to the importance of the validating environment theorized in SCT. Additionally, experiential, interactive activities are most effective for supporting skill use, according to participants. When DBT and mindfulness skills are taught, offering opportunities to implement skills through direct experiences are more beneficial for increasing skill ownership.

Another sub-theme from this study that reflects SCT is students encouraging skill use due to modeling. Participants reported student improvement of self-control and decision making by encouraging others to change ineffective behaviors. Overall, results show that DBT and mindfulness skills support self-efficacy through positive environmental factors within special education classrooms.

Participants perceive that DBT and mindfulness skills support their social skills curriculum and improve student behavior, which reflects self-efficacy and outcome expectancy aspects of SCT (Bandura, 1977; Shell, 2023). This study incorporated elements of SCT to develop the research and interview questions to better understand how coping skills are acquired. This improved understanding of the practical application of SCT illuminates the complexities of skill acquisition and utilization for special education teachers and students. This study enriches knowledge of SCT by investigating how the principles manifest within the educational environment from the teacher perspective. Ultimately, this study contributes to the field of SCT through an understanding of how special education teachers experience DBT and mindfulness skills to support effective coping strategies for themselves and their students.

Limitations and Delimitations

This section includes a discussion of study's limitations, potential weaknesses that cannot be controlled, and delimitations, decisions made by the researcher to define the boundaries of the research. Limitations and delimitations should be considered, especially regarding potential, future research. Limitations include potential participant bias, participant experience and background, and frequency of skill implementation in the behavior classrooms. Delimitations include the number of participants and their teaching experience, the type of study, and the data collection timeline. The research setting, although fairly affluent overall, encompasses a variety

of community needs, including low-income schools, and may still be considered a limitation due to its uniqueness. Settings that incorporate evidence-based coping strategies such as DBT are limited. The varying schools within the research setting provide an adequate variety of participants and environments for this study.

Limitations

One limitation of this study is potential participant bias. It is possible that participants agreed to contribute their thoughts and time to this research because they use DBT and mindfulness skills or see them as beneficial. It is possible that special education teachers who were asked to participate and declined, did so because they do not understand skills, support student use of coping strategies from these programs, or do not personally use skills. Due to the nature of this research, participation is voluntary and potential participant bias cannot be controlled.

Another potential limitation is participant teaching experience working with special education students with challenging behaviors. Overall teaching experience varied between 2 and 28 years. Some participants have years of experience implementing coping strategies and establishing a supporting coping environment, and others may lack classroom management skills or lack an understanding of trauma and behaviors. All participants have at least one year of familiarity with DBT and mindfulness skills, and several participants have experience with a variety of DBT providers. Participant familiarity with DBT and mindfulness skills varied as well. Since level of experience influences confidence with and implementation of skills, it is likely that participant experience influenced their DBT and mindfulness skill use in some way.

DBT group skills delivery varies depending on instructor training and experience as well as the frequency of delivery, structure of classroom environment, student population, student

grade level and disability, and program used. For example, *DBT Skills in Schools STEPS-A* by

Mazza et al. (2016) is a 30-lesson curriculum, and lesson length can range between 45 and 90

minutes. The classrooms included in this study received group skills weekly or every other week,

usually for 30 minutes. This study did not consider the frequency of teacher implementation of

skills. It is assumed that skills are reinforced and encouraged throughout the school day due to

the intensity of student behaviors withing the special education classrooms included in this study.

Special education classroom needs differ according to student experience, background,

and location. For example, student behaviors within an urban environment may be different than

within a rural community. Similarly, the classroom needs of affluent community schools may

differ from low-income schools. Such factors may influence teacher well-being and therefore

coping skill use and motivation. This study did not take into account participant backgrounds in

influencing the likelihood of coping skill use or resistance.

Delimitations

The original intention of this study was to recruit participants with at least three years of

experience in special education. In order to reach data saturation, additional participants were

recruited, altering participant requirements. This was a delimitation within the study. Participant

number of twelve was also a delimitation, although data saturation was met, and adequate data

was gathered. Additionally, data was collected within a two-month window during the second

semester of school, which assisted a more thorough experience of DBT and mindfulness skill use

in schools. Finally, this study focused on a transcendental phenomenology over a hermeneutic

interpretation due to the lack of researcher experience receiving DBT and mindfulness skills

within a behavior classroom, which allowed more freedom from bias and subjective

interpretation of results.

Recommendations for Future Research

This type of research can be expanded in the future by including other special education

populations that may benefit from mindful behavior therapy skills. Since all individuals have

emotions, and emotion regulation and effective coping is rarely taught in schools, it stands to

reason that all young people can benefit from DBT and mindfulness skills. To ease stress and

overwhelm in all classroom environments, additional studies can be conducted to describe the

experiences of DBT and mindfulness for other groups of school staff such as administrators,

general education teachers, speech/language pathologists, counselors, school psychologists, or

paraprofessionals.

Future research in this area could be conducted specifically on mindfulness within special

education classrooms or only DBT skills to assist a clearer understanding of the most beneficial

skills. Additionally, participant grade levels varied widely, and skills delivery to a kindergarten

and first grade group looks very different than skills delivery in a high school. For increased

understanding of DBT and mindfulness skills in schools, future research can include student

perceptions of DBT and mindfulness skills, adapting skills for different disabilities, teacher

perceptions of skills for either adolescents or children, and research can be

expanded to compare multiple school districts. Finally, expanding research on SCT in relation to

coping skills, overcoming trauma and teaching the brain new ways of coping when coming from

an invalidating environment, or how quickly individuals change their patterns of behavior could

be further areas of research.

Conclusion

Mental health is a crucial issue that can be addressed for young people in schools. This

qualitative study helps address the gap in literature regarding DBT and mindfulness within

special education classrooms. This study focused on the central research question of: What are the lived experiences of special education teachers with dialectical behavior therapy at a suburban school district in the Southeast United States? The participants' perspective is that DBT is beneficial for students and themselves. The transcendental phenomenological method used in this study allowed for a greater understanding of how DBT and mindfulness skills are delivered to groups of special education behavior students and reveals the impact these skills have on student and teacher well-being. Results from this study support the theoretical framework of SCT through a supportive classroom environment and modeled coping strategies for behavior change. Implications include utilizing coping skills from mindful behavior therapy as a supportive resource for school staff who experience high levels of burnout and work with students with challenging behaviors. Recommendations include implementing these behavior therapy strategies to ease stress and overwhelm within additional classroom environments, thus addressing the need for mental health support in schools.

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Appendix A

Participant Consent Form

Title of the Project: A Phenomenological Study of Dialectical Behavior Therapy in Special Education Classrooms
Principal Investigator: Ashley DeLuccia, Ed.S., Doctoral Candidate, School of Education, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a K-12 special education teacher of students with severe behaviors. Teachers will be selected due to their experience receiving DBT in their classrooms and working with students with severe behaviors. Participants will have at least three years of experience in special education and hold teaching certificates. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this study is to describe the lived experiences of DBT for special education teachers.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:
1. Complete an initial survey that will take about ten minutes to complete.
2. Participate in an in-person, audio-recorded interview that will take no more than 1 hour.
3. Review the survey and interview transcripts to check for accuracy and confirm agreement. This should take about ten minutes
4. Provide a physical artifact representing your experience of DBT. This will not be photographed or collected by me. This should take 10 – 20 minutes to think through.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study include gaining information on needed skills for coping with difficult situations and better handling stress. Participants will get a chance to personally implement skills for increased well-being. Through modeling skill use in their classroom, teachers can extend their knowledge of skills with more practice and guide students to regulate emotions more frequently.

Benefits to society include improving the delivery of mental health supports in schools, helping to support students whose mental health declines, and adding to research on the delivery of DBT in schools.

What risks might you experience from being in this study?

Minimal risk, but the possibility of psychological stress exists. The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall and discuss prior trauma with low likelihood. To reduce risk, I will discontinue the interview if needed.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer or in a locked drawer. After three years, all electronic records will be deleted and all hardcopy records will be shredded.
- Recordings will be stored on a password locked mobile phone until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University or Forsyth County. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Ashley DeLuccia. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at ▮▮▮▮▮▮▮ and

███████████████████. You may also contact the researcher's faculty sponsor, Dr. Karla Swafford, at ████████████████

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

Appendix B

IRB Approval

LIBERTY UNIVERSITY.

INSTITUTIONAL REVIEW BOARD

February 7, 2024

Ashley DeLuccia
Karla Swafford

Re: IRB Exemption - IRB-FY23-24-1131 A PHENOMENOLOGICAL STUDY OF DIALECTICAL BEHAVIOR THERAPY IN SPECIAL EDUCATION CLASSROOMS

Dear Ashley DeLuccia, Karla Swafford,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix C

Survey Questions

Survey Questions

1. How valuable do you find DBT skills delivery?

2. In your experience, how important is it for individuals to learn mindfulness and behavior therapy skills?

3. Which skills for emotional regulation have you incorporated into your social skills curriculum?

4. How often do you use the skills in your teaching?

5. Which skills have you found to be most helpful for you personally or for your students?

Appendix D

Interview Questions

Individual Interview Questions

1. Please describe your experience of DBT skills delivery and implementation in your classroom. CRQ

2. Describe any challenging behaviors you've experienced that DBT may help address. SQ1

3. Describe an experience you've had with DBT that stands out. SQ1

4. What have you found to be effective about DBT skills delivery? SQ1

5. What else would you like to add to our discussion of DBT in addressing behaviors that we haven't discussed? SQ1

6. How have the DBT program components been adapted to meet the needs of your students? SQ2

7. Which skills or program components of DBT have you implemented the most often or most successfully? SQ2

8. Which aspects of behavior therapy do you feel need to shift to better meet the needs of your students? SQ2

9. What else would you like to add to our discussion of DBT as a social skills program that we haven't discussed? SQ2

10. Describe any components of DBT that have affected you personally. SQ3

11. How has DBT helped you as a special education teacher? SQ3

12. In terms of your classroom and everyday practices, where have you seen DBT have the greatest impact? SQ3

13. What else would you like to add to our discussion of your personal experiences with

DBT? SQ3